

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 40 YRS		d. STREET ADDRESS (If rural, give location) 1331 BENTON BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1331 BENTON BLVD			

3. NAME OF DECEASED a. (First) MRS. JESSIE b. (Middle) LINDSAY c. (Last) COWAN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 7 1950		
---	--	--	---	--	--

5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 30 1871		9. AGE (In years at birthday) 78 YRS		10. MONTHS		11. DAYS		12. IF UNDER 1 YEAR		13. IF UNDER 24 HRS.	
---------------	--	------------------------	--	--	--	-------------------------------	--	--------------------------------------	--	------------	--	----------	--	---------------------	--	----------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME			11. BIRTHPLACE (State or foreign country) ROCK ISLAND, ILLINOIS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
--	--	--	---	--	--	---	--	--	-------------------------------------	--	--

13a. FATHER'S NAME WILLIAM ROBERT MACKAY			13b. MOTHER'S MAIDEN NAME ELIZABETH LINDSAY			14. NAME OF HUSBAND OR WIFE Unknown		
--	--	--	---	--	--	-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ANNA K. ZUTZ, 1331 BENTON, K.C. MO			
---	--	------------------------------	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH May 1 - 50	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Endocarditis (mitral Regurg)						June 7 - 50	
		DUE TO (c) Chronic Interstitial Nephritis						12/24	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
---	--	--	--	--	--	----------------------------	--	--

22. I hereby certify that I attended the deceased from May 1, 1950, to June 7, 1950, that I last saw the deceased alive on June 3, 1950, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Harry Wm. Dugay (Degree or title)		23b. ADDRESS 1401 Prospect		23c. DATE SIGNED 6-7-50	
--	--	----------------------------	--	-------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 9 1950		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
--	--	-----------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 6-9-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer Sons, K.C. Mo.	
---------------------------------	--	--	--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James T. Daws

Licensed Embalmer No. *4453*

P. O. Address *25 Queen City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.