

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **348**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 315 E. Pettis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sedalia Hospital #2			

3. NAME OF DECEASED (Type or Print) a. (First) Fannie	b. (Middle)	c. (Last) Cowins	4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1951
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3, 1900	9. AGE (In years last birthday) 51	10. MONTHS 51	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Mrs. J.E. Norlin	11. BIRTHPLACE (State or foreign country) Speed, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Willie Diggs	13b. MOTHER'S MAIDEN NAME Mrs. Virginia Crockett	14. NAME OF HUSBAND OR WIFE Robert Cowins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mittie Sims	ADDRESS Sedalia, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease		unknown
	DUE TO (c) Hemostatic pneumonia		2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tumor, right kidney unknown			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5 Nov, 1951**, to **10 Nov, 1951**, that I last saw the deceased alive on **9 Nov, 1951**, and that death occurred at **10:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Carl Heigel M.D. (Degree or title)	23b. ADDRESS 1216 West 18th St. Sedalia, Mo.	23c. DATE SIGNED 10/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 14, 1951	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia Mo.
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DATE REC'D BY LOCAL REG. 11/14/1951	REGISTRAR'S SIGNATURE Dr. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Eric Alexander	ADDRESS Sedalia Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5804

251-0

RECEIVED NOV 19 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 19 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *J. J. Rylands*

Licensed Embalmer No. *4295*

P. O. Address *Sedalia Mo*

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.