

FILED MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16904

State File No.

Registrar's No. 210

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give town) Independence
 c. LENGTH OF STAY (In this place) 1 week
 d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium - Hosp

2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission).
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) Blue Springs Rural
 d. STREET ADDRESS (If rural, give location) 3 mi South 0480

3. NAME OF DECEASED (Type or Print)
 a. (First) Mattie b. (Middle) Cowherd c. (Last) Strother
 4. DATE OF DEATH (Month) (Day) (Year) May - 16 - 1952

5. SEX Female 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Dec. 4 - 1864 9. AGE (In years last birthday) 87 10. UNDER 1 YEAR Months 5 Days 12 11. UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired house wife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) KY 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edmund Cowherd 13b. MOTHER'S MAIDEN NAME Martha Freeman 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Julius Strother ADDRESS Blue Springs MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Chronic nephritis
 DUE TO (c) General arteriosclerosis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 2 wks
chronic
chronic

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 446X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from mo, 1952, to May 16, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Anderson (Degree or title) M.D. 23b. ADDRESS Independence MO 23c. DATE SIGNED May 17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE May 18, 1952 24c. NAME OF CEMETERY OR CREMATORY Deer Summit 24d. LOCATION (City, town, or county) (State) Deer Summit MO

DATE REC'D BY LOCAL REG. 5-19-52 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Webb Funeral Home Blue Springs MO

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

485
0

MAY 29 REED

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.....

R B Webb

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.