No. 300
0.48

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

FILED JUL 23 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2914

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 58 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3519 Benton

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3519 Benton 50 3568

**3. NAME OF DECEASED** (Type or Print)
a. (First): Joseph
b. (Middle): T.
c. (Last): COUSINS

**4. DATE OF DEATH** (Month) (Day) (Year): June 26, 1954

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: 8-1-68
**9. AGE** (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Salesman
**10b. KIND OF BUSINESS OR INDUSTRY**: Real Estate
**11. BIRTHPLACE** (City and State or Foreign Country): Bail, Iowa
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Wm. J. Cousins
**13b. MOTHER'S MAIDEN NAME**: Ann Martin
**14. NAME OF HUSBAND OR WIFE**: Harriet G. Cousins
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs. Juanita T. Cousins, 3519 Benton, KC, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia - terminal — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis - advanced — 5 yrs

DUE TO (c) Anaemia - — 1 yr

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** 45.00
**20. AUTOPSY?** YES [ ] NO [X]

**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) 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* Apr. 15, 1954, *to* 6-26, 1954, *that I last saw the deceased alive on* 6-20, 1954 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Allen L. Hearst (Degree or title) MD — Allen L. Hearst MD
**23b. ADDRESS**: 1400 Portland Kansas City
**23c. DATE SIGNED**: 6-28-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6-29-54
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Washington
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**DATE REC'D BY LOCAL REG.**: 6-28-54
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Mellody-McGilley-Eylar, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

[illegible]
[illegible]
No. 5177
Oct. 12:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ..... Ivan Miller ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... [illegible]

Licensed Embalmer No. [illegible]

P. O. Address .....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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