

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 105

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a.—STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>most of life</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Mo.Metho. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2209 Mitchell Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>COWGILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 22, 1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 4, 1894</u>
9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carman helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & Q. Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Emporia, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Walter B. Cowgill</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Humphreys</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war, date of service) <u>W.W. #1</u>	16. SOCIAL SECURITY NO. <u>707-05-8133</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Daisy Cowgill, St. Joseph, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> <u>less than 24 hrs</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> <u>2 1/2 yrs</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>angina pectoris</u>		<u>2 1/2 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1954, to death, 1956, that I last saw the deceased alive on Feb 29, 1956, and that death occurred at 1:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lucien H. Idelwild</u>	23b. ADDRESS <u>902 Edmond St., City</u>	23c. DATE SIGNED <u>1-23-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 26, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 4, 1957</u>	REGISTRAR'S SIGNATURE <u>Catharine M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home, St. Joseph, Mo.</u>	ADDRESS
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FEB 14 1957

FEB 27 1957

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *4677*.....

P. O. Address *St. Joseph W.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.