THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5146

FILED MAR 7 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 753 Allen Rd. — Length of stay in 1b: Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 753 Allen rd. — Residence on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: Zenia Middle: Minerva Last: Stowell

4. DATE OF DEATH: Month Feb. Day 21 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Feb. 24, 1892

9. AGE (In years last birthday): 64 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (City and state or country): El Dorado Spgs. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. McElwain

14. MOTHER'S MAIDEN NAME: Mary Caroline Robinson

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.: 496-10-2192

17. INFORMANT: Gene D. Stowell Address: Indep. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): coronary arteriosclerosis — years
Hypertensive cardiovascular disease
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes mellitus, obesity. 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 17, 1956, to Feb. 21, 1957 and last saw her/him alive on 2-19-57
Death occurred at 5:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Drs. Grabske & Link — (Degree or title): Vance E. Link M D

22b. ADDRESS: 10901 Winner, Independence, Mo.

22c. DATE SIGNED: 2-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 23, 1957

23c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cemetery

23d. LOCATION (City, town, or county) (State): Independence Mo.

24. FUNERAL DIRECTOR: Roland A. Speake — ADDRESS: Indep. Mo.

25. DATE RECD. BY LOCAL REG.: 2-23-57

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 4 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Kenneth Patterso

Licensed Embalmer No. 46

P. O. Address Indep

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.