

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41297**  
Registrar's No. **22**

FILED DEC 3-1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **255** PRIMARY REG. DIST. NO. **4387**

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Alton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Alton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0750</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>	b. (Middle) <b>Franklin</b>	c. (Last) <b>Cousins</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 17, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 14, 1880</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HRS. Days <b>3</b>	IF UNDER 1 MIN. Hours <b></b>	IF UNDER 1 MIN. Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Alton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Cousins</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Woolford</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Ann Cousins</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Ann Cousins, Alton, Missouri</b>	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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meningeal</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma prostate</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>1977X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1956**, 19\_\_\_, to \_\_\_ 19\_\_\_, that I last saw the deceased alive on **10-16-17, 19\_\_\_**, and that death occurred at \_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edwaldo M.D.</b> (Degree or title)	23b. ADDRESS <b>Mammoth Spring, Ark.</b>	23c. DATE SIGNED <b>11-25-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-19-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hollis Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Alton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11/26/57</b>	REGISTRAR'S SIGNATURE <b>Mrs W.C. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Liliane Carter</b> ADDRESS <b>Shayne</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed *James Carter*

Licensed Embalmer No. 4511

P. O. Address *Shager Rd*

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.