

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029334
STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 357

S. 300
1-57

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN INDEPENDENCE |
| c. FULL NAME OF HOSPITAL OR INSTITUTION DEAD ON ARRIVAL INDEPENDENCE SANATORIUM - 16 YEARS | | Length of stay in hospital 16 YEARS | d. STREET ADDRESS (If outside, give location) 16903 EAST 24 Highway |

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| 3. NAME OF DECEASED (Type or print) First MATTIE Middle ELIZABETH Last COWLING | | | 4. DATE OF DEATH Month Aug Day 21 Year 1958 | | |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July-19-1901 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | 11. BIRTHPLACE (City and state or country) MINDEN, LOUISIANA | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME UNKNOWN WHELLES | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE THOMAS D. COWLING |
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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) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT THOMAS D. COWLING Address 46903 EAST 24 HIGHWAY INDEPENDENCE MISSOURI |
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| 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 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) arteriosclerotic heart disease | |
| | DUE TO (c) 4200 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 7:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) D. W. Newcomers Sons | 22b. ADDRESS 1331 BRUSH CREEK | 22c. DATE SIGNED 8-22-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE AUG. 23-1958 | 23c. NAME OF CEMETERY OR CREMATORY MINERAL SPRINGS CEMETERY | 23d. LOCATION (City, town, or county) (State) MINERAL SPRINGS, ARKANSAS |
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| 24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS-KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 8-23-58 | 26. REGISTRAR'S SIGNATURE [Signature] |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

540

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 *D. Vern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.