THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001647
STATE FILE NUMBER

FILED JAN 21 1959

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Washington Twp — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 11408 Manchester — Length of stay in 1b: 6 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City 34 7000 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 11408 Mandhester — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lela Middle: Lucille Last: Cowie

4. DATE OF DEATH: Month 1 Day 17 Year 59

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 7-9-10

9. AGE (In years last birthday): 48 — 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: At Home

11. BIRTHPLACE (City and state or country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred E. Hildebrandt

13b. MOTHER'S MAIDEN NAME: Edith E. Bragg

14. NAME OF HUSBAND OR WIFE: Airlie Cowie

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.: 523-26-9966

17. INFORMANT Address: Airlie O. Cowie, 11408 Manchester

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 occlusion left coronary — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Thrombosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4261

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 1-17-59, to 1-17-59 and last saw her/him alive on 1-17-59
Death occurred at 12:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond J. Caffery M.D.

22b. ADDRESS: 1102 Main Grandview, Mo.

22c. DATE SIGNED: 1-17-59

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

23b. DATE: 1-18-59

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Denver, Colorado

24. FUNERAL DIRECTOR ADDRESS: E.K.George & Sons Inc, Grandview Mo.

25. DATE RECD. BY LOCAL REG.: 1-17-59

26. REGISTRAR'S SIGNATURE: Sterling E. Woodard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 22 195

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Sterling E. Bodard

Licensed Embalmer No. 4911

P. O. Address Grandview

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