

FILED VS SEP 1 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2 7571 59-030322  
STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

300  
1-57

72

1. PLACE OF DEATH a. COUNTY <b>CITY OF ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CITY OF ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>CITY OF ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3129 Ohio St.</b>		Length of stay in lb <b>1 yr.</b>	d. STREET ADDRESS (If outside, give location) <b>3129 OHIO Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Etta Cowsert</b>			4. DATE OF DEATH Month Day Year <b>Aug. 13, 1959</b>		
5. SEX <b>Female,</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 6, 1983</b>		9. AGE (In years at birthday) IF UNDER 1 YEAR IF UNDER 24 HRS <b>76</b> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Elizabethtown, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Riley Turner</b> <del>Not known</del>		13b. MOTHER'S MAIDEN NAME <b>Mary Tinsley</b> <del>Not known</del>	
14. NAME OF HUSBAND OR WIFE <b>John J.</b>		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>491-26-3968</b>	
17. INFORMANT <b>Son - Robert Cowsert - Pacific, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>422.1</b>		INTERVAL BETWEEN ONSET AND DEATH	
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
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.)			
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	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <b>515</b> _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deduce or title) <b>Robert Cowsert</b>			22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>8/15/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>16-Aug-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pacific City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Pacific, Mo.</b>
24. FUNERAL DIRECTOR <b>Bell Funeral Home - Pacific</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 15 '59</b>		26. REGISTRAR'S SIGNATURE <b>Neal Smith, M.D., Jr.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Byron J. Bell, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Byron J. Bell .....

*Byron J. Bell*  
Byron J. Bell

Licensed Embalmer No. 4977.....  
P. O. Address Pacific, 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.