

AMENDED FILED NOV 8 1961

DATE AMENDED	1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY						
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>INCARNATE WORD</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3610 SHENANDOAH</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
INSTEAD OF DOCUMENT	3. NAME OF DECEASED (Type or print) First Middle Last <u>NETTIE A McKOWN</u>			4. DATE OF DEATH Month Day Year <u>OCT 23 1961</u>							
	5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPT. 15 1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life if step is retained) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
MEDICAL CERTIFICATION	13a. FATHER'S NAME <u>THOMAS DARTER</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>OMER McKOWN</u>					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			INFORMANT Address <u>FRANCES BENDER 77 PACE DRIVE</u>							
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE <u>Probable Cancer of Pancreas</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10/9/61 to 10/23/61</u>				
BY AFFIDAVIT OF	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>157X</u>						
ITEM NO.	20c. TIME OF INJURY Hour e.m. p.m. Month, Day, Year		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 <u>10/9/61</u> to <u>10/23/61</u> and last saw her alive on <u>10/23/61</u>			Death occurred at <u>4:12 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
	22a. SIGNATURE <u>Ralph Berglund</u> (Degree or title)			22b. ADDRESS <u>32038 Grand</u>			22c. DATE SIGNED <u>10/24/61</u>				
SHOULD READ.	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>OCT 26 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>		23d. LOCATION (City, town, or county) <u>ST. LOUIS CO. MO.</u>		23e. STATE				
	24. FUNERAL DIRECTOR ADDRESS <u>Thomas Kutis 2906 Gravois</u>			25. DATE RECD. BY LOCAL REG. <u>OCT 25 1961</u>		26. REGISTRAR'S SIGNATURE <u>Road Smith, M.D.</u>					

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 *Lesley Thompson*
Licensed Embalmer No. 4861

P. O. Address *Delaware 5, 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.