

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036753

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8682** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 17 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		c. CITY OR TOWN <b>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>Community Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>904 A Walton Ave.</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Lelia Stowers</b>						4. DATE OF DEATH Month <b>9/</b> Day <b>4</b> Year <b>1962</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5/20/1917</b>		9. AGE (last birthday) <b>45</b>		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, even if retired) <b>Silver Lady</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Park Plaza</b>		11. BIRTHPLACE (City and state or country) <b>Ky</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>			
13a. FATHER'S NAME <b>Perry Bosley</b>				13b. MOTHER'S MAIDEN NAME <b>Wella Mae Taylor</b>				14. NAME OF HUSBAND OR WIFE <b>Lewis Stowers</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.		17. INFORMANT Address <b>Lewis Stowers 904 A Walton Ave.</b>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral anoxia</b>										INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral thrombosis</b>											
DUE TO (c) <b>Hypertension and arteriosclerosis</b>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332x</b>								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.)							
20c. TIME OF INJURY Hour Month, Day, Year s.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 <b>August 27, 62 to Sept. 4, 1962</b> and last saw her alive on <b>Sept. 4, 1962</b> Death occurred at <b>6:50 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Dee or time) <i>Robert P. ...</i>						22b. ADDRESS <b>2753 Goodfellow Blvd.</b>			22c. DATE SIGNED <b>9/6/62</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Shipped</b>		23b. DATE <b>9/9/1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>				23d. LOCATION (City, town, or county) <b>Cairo, Illinois</b>			
24. FUNERAL DIRECTOR <b>E.B. ...</b>				ADDRESS <b>1221 N. Grand Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 7 1962</b>		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>			

USE BLACK INK OR TYPEWRITER RIBBON

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Ave

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.