

path, Welfare public service
 000
 1-56
 diseases in Part I must be casually related. Coroner cannot certify if possible
 section, Coroner, etc. must use only standard nomenclature in item 10. No symptoms were listed. XIT
 2-1

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20837

FILED JUN 17 1957

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 487

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton 04220		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WETZEL Hosp 5 min			Length of stay in lb		d. STREET ADDRESS 217 h 6th (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle BERTHA Last COWELL			4. DATE OF DEATH Month June Day 13 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/29/1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Zion City PA	
13. FATHER'S NAME STOXER			14. MOTHER'S MAIDEN NAME not known		
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 Sylvester Cowell Address Clinton	
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 DUE TO (b) Thrombotic embolus DUE TO (c) Coronary and Cerebral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
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.) 4201		
20c. TIME OF INJURY Hour a. 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 6/13/57 to 6/13/57 and last saw her alive on 6/13/57 . Death occurred at 6/13/57 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Clayton D. Williams (Last name or title)			22b. ADDRESS 111 E. Ohio		22c. DATE SIGNED 6/13/57
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 6/17/57		23c. NAME OF CEMETERY OR CREMATORY Englewood Cem	
		23d. LOCATION (City, town, or county) Clinton Mo		(State)	
24. GENERAL DIRECTOR J. E. Conzelius ADDRESS Clinton Mo 6-14-57			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Mildred Biguan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 21 1957

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 *J. E. Consoles*.....

Licensed Embalmer No. *18*

P. O. Address *Chini*

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