

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047972

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 132

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY Polkb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN HumansvilleLength of stay in 1b
7 Wks.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Dimmitt Mem. Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cedarc. CITY
OR
TOWN StocktonInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
608 East St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ALICELOUESIAWORLEY4. DATE
OF
DEATH

Month

Day

Year

Dec. 14, 19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
10-8-739. AGE (last birthday)
89IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Own Home11. BIRTHPLACE (City and state or country)
Cedar Co., Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Jacob Cowan

13b. MOTHER'S MAIDEN NAME

Anna Bray

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None

17. INFORMANT

Address

Leland Worley, Stockton, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic myocarditisINTERVAL BETWEEN
ONSET AND DEATH
1Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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

Partial intestinal obstruction due to diverticulosisPART III. If deceased was female was
there a pregnancy in last 90 days.☒ Yes ☐ No ☐ Unknown19. 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
INJURYHour
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 October 1962 to December and last saw her alive on 12/14/62
Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. A. RobinsonM.D.

22b. ADDRESS

Humansville, Mo.

22c. DATE SIGNED

12/17/6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

12-16-1962

23c. NAME OF CEMETERY OR CREMATORY

Stockton City Cemetery Stockton, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cantlon Fun. Home, Stockton, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 22, 1962

26. REGISTRAR'S SIGNATURE

Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/5968402020034 15 267 68 294222101112 1-013 1-0

JAN 7 1963

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

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.