

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34052

State File No. _____

FILED OCT 17 1949

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>311</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Independence</u>) c. LENGTH OF STAY (in this place) <u>2 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grain Valley</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) _____ c. (Last) <u>COUSINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 14, 1877</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>		IF UNDER 1 HR. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Cousins</u>			13b. MOTHER'S MAIDEN NAME <u>No Data</u>			14. NAME OF HUSBAND OR WIFE <u>Fanny Cousins</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>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fanny Cousins, Grain Valley, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>cerebral arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> <u>yes</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>10/6</u> , 19 <u>49</u> , to <u>10/8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/8</u> , 19 <u>49</u> , and that death occurred at <u>9:25P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Vance E. Link M.D.</u> (Degree or title) _____			23b. ADDRESS <u>First Natl Bank Independence, Mo</u>		23c. DATE SIGNED <u>10/10/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/11/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 10-1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roland R. Speaks, Independence, Mo.</u>		354	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
44
4

OCT 1 2 RECD

OCT 28 1949

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

Student Embalmer

Signed.....

Roland R. Spinks

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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 this body is not embalmed, fact should be so stated above.