

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 13 1950

No. 300

10.48

BIRTH NO. <u>21393-50</u> REG. DIST. NO. <u>149</u> PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. <u>1961</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>	
2. USUAL RESIDENCE (Where deceased lived. (If Institution residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>11 1/2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>	c. CITY (If outside corporate limits, write BUREAU and give township) <u>Kansas City 2358</u>
	d. STREET ADDRESS (If legal, give location) <u>5638 East 28th St.</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>Mc</u> c. (Last) <u>Cowan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-4-1950</u>
5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>4-4-1950</u>
9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>2</u> Min. <u>10</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY? <u>usa.</u>
10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>Ralph Mc Cowan</u>	13b. MOTHER'S MAIDEN NAME <u>Roberta May Reynolds</u>
14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roberta Mc Cowan</u>	ADDRESS <u>5638 E. 28th St. K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	
MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature sep. placenta</u>	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>4-4</u> , 19 <u>50</u> to <u>4-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-4</u> , 19 <u>50</u> and that death occurred at <u>1:30</u> P.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>D. D. Edmonds M.D.</u> (Degree or title)	23b. ADDRESS <u>4800 E. 17th St. K.C. Mo</u>
23c. DATE SIGNED <u>4-25-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-6-50</u>
24c. NAME OF CEMETERY OR CREMATORY <u>Research Hospital</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-28-50</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>
25. FEDERAL DIRECTOR'S SIGNATURE <u>Research Hosp. K.C. Mo.</u>	ADDRESS

(Licensed Embellisher's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.