

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23504

3080

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |  |
| c. LENGTH OF STAY (in this place) <b>7 YEARS</b>  |  | d. STREET ADDRESS (If rural, give location) <b>3948 Central</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>                           |  |   |  |

|                                     |                        |                         |                        |   |
|-------------------------------------|------------------------|-------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Cleo</b> | b. (Middle) <b>RUBY</b> | c. (Last) <b>Cowan</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>7 14 50</b> |
|-------------------------------------|------------------------|-------------------------|------------------------|---|

|                      |                               |   |                                     |   |                        |                      |                       |                      |
|----------------------|-------------------------------|---|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <b>FEMALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>AUG-22-1885</b> | 9. AGE (In years last birthday) <b>64</b> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|----------------------|-------------------------------|---|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>-</b> | 11. BIRTHPLACE (State or foreign country) <b>SPRINGFIELD MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b> |
|--|--|---|---|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <b>LEANDER NORTON</b> | 13b. MOTHER'S MAIDEN NAME <b>HOLLY GRAY PAYNE</b> | 14. NAME OF HUSBAND OR WIFE <b>FRANK COWAN</b> |
|--|---|--|

|   |                                     |  |   |
|---|-------------------------------------|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>FRANK COWAN</b> | ADDRESS <b>3948 CENTRAL STREET KANSAS CITY, MO.</b> |
|---|-------------------------------------|--|---|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>   |  | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES  |  | <b>H20!</b>                      |
|  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>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 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 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 July 4, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 10:55P m., from the causes and on the date stated above.

|  |                                       |                                 |
|--|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>B. J. Burns M.D.</b> | 23b. ADDRESS <b>24th &amp; Cherry</b> | 23c. DATE SIGNED <b>7-15-50</b> |
|--|---------------------------------------|---------------------------------|

|  |                               |  |   |
|--|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b> | 24b. DATE <b>JULY 16 1950</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>HAZELWOOD CEMETERY</b> | 24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD MISSOURI</b> |
|--|-------------------------------|--|---|

|   |   |  |  |
|---|---|--|--|
| DATE REC'D BY LOCAL REG. <b>7-15-50</b> | REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W.H. Newcomer Sons</b> | ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b> |
|---|---|--|--|

(Licensed Embalmer'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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Donald L. Moran

Signed .....  
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address A. P. 4110

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.