

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40287

State File No.

FILED JAN 11 1951

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Union</u>	
c. LENGTH OF STAY (in this place) <u>Two</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield Ave 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u>		b. (Middle) <u>E.</u>	
c. (Last) <u>Cowan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 14, 1920</u>
9. AGE (In years last birthday) <u>30</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	
11. IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Meta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rainey S. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Effie J. Adams</u>	
14. NAME OF HUSBAND OR WIFE <u>John Cowan</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. <u>487-18-9334</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Cowan</u>		ADDRESS <u>Union</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>Sarcoma Lumbar Vertebra</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Mo</u>	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		<u>196 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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 <u>2-8</u> , 19 <u>50</u> , to <u>12-31-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>50</u> , and that death occurred at <u>0:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. S. Stehlmann M.D.</u> (Degree or title)		23b. ADDRESS <u>Union, Missouri</u>	
23c. DATE SIGNED <u>1-2-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Union, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 3, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 99	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Union, Union Home Union</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3362

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 5 1951

RECEIVED

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.

Signed Harlan H. Johannakes

Signed _____
Student Embalmer

Licensed Embalmer No. 4488

P. O. Address Union, 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.