S. No. 300
10,48

FILED JAN 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2235

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 13

804
1

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

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia 0804
d. STREET ADDRESS (If rural, give location) 1004 N Osage

3. NAME OF DECEASED (Type or Print) a. (First) Lizzie b. (Middle) Dawson c. (Last) Cowan

4. DATE OF DEATH (Month) (Day) (Year) 1-9-1952

5. SEX Female 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 10-26-1880
9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Canton Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bozie Dawson
13b. MOTHER'S MAIDEN NAME Fannie Matlock
14. NAME OF HUSBAND OR WIFE Luther Cowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Luther Cowan, ADDRESS 1004 N Osage Sedalia Mo

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) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Interstitial Nephritis
DUE TO (c) Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 1446X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 11, 1951, *to* Jan 9, 1952, *that I last saw the deceased alive on* Jan 9, 1952, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. R. Maddox M.D. (Degree or title)
23b. ADDRESS 116½ W. Main
23c. DATE SIGNED 1-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-12-52
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex
24d. LOCATION (City, town, or county) Sedalia Pettis (State) Mo

DATE REC'D BY LOCAL REG. 1-12-1952
REGISTRAR'S SIGNATURE A. J. Campbell M.D. Boldre Hall Deputy
25. FUNERAL DIRECTOR'S SIGNATURE F. D. Ferguson ADDRESS Sedalia Mo

1251-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 28 1952
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed JAN 28 1952

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 F. D. Ferguson

Signed
Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.