

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44293
STATE FILE NUMBER
5984

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Weldon L. Sportsman

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LINN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Marceline</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 729 Ewing			Length of stay in lb 1 mo.		d. STREET ADDRESS <i>729 Ewing</i>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle L. Last COWELL				4. DATE OF DEATH Month Day Year Dec. 18, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Apr. 17, 1876		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days 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 Domestic		11. BIRTHPLACE (City and state or country) Smith Center, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Elias Collins.				14. MOTHER'S MAIDEN NAME Jane Anders			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. G. L. Sportsman, 729 Ewing, K.C., Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Encephalomalacia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Hypertensive Cardiovascular Disease</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							INTERVAL BETWEEN ONSET AND DEATH <i>4 years</i> <i>10 years</i> <i>493+</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>11-11-57</i> to <i>12-18-57</i> and last saw <i>her</i> alive on <i>12-18-57</i> Death occurred at <i>6:40 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Weldon L. Sportsman MD</i> (Degree or title)				22b. ADDRESS <i>Route 1 Box 19 Gallant Mo</i>		22c. DATE SIGNED <i>12-18-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 18, 1957	23c. NAME OF CEMETERY OR CREMATORY <i>Linwood Cem.</i>		23d. LOCATION (City, town, or county) Marceline, Missouri		(State)
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.				25. DATE RECD. BY LOCAL REG. <i>12-18-57</i>		26. REGISTRAR'S SIGNATURE <i>Weldon L. Sportsman</i>	

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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
Signature of Student Embalmer

Signed *Raymond J. Loren*.....
Licensed Embalmer No. 426

P. O. Address *Dodge St.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.