

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021147

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No. 47

Primary Registration District No. 5168

Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE California COUNTY Los Angeles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McCredie Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Whittier 8040
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On Bus		Length of stay in lb nil	d. STREET ADDRESS (If outside, give location) —
3. NAME OF DECEASED (Type or print) First Middle Last Lincoln Cowdin			4. DATE OF DEATH Month Day Year June 26, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 9, 1887
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY MC.	9. AGE (In years last birthday) 71
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown	
16. SOCIAL SECURITY NO. 332 14 0732		17. INFORMANT Address R.G. Hills Moorestown N.J.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH Inst
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous Heart attack Type Undetermined.			
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 <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 4344	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lang A Stewart (Degree or title) Coroner		22b. ADDRESS Fulton Missouri	
22c. DATE SIGNED 6/27/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/30/58		23c. NAME OF CEMETERY OR CREMATORY Inglewood Memorial	
23d. LOCATION (City, town, or county) (State) Inglewood California.		24. FUNERAL DIRECTOR Margie	
24. DATE RECD. BY LOCAL REG. June 29, 1958		24. REGISTRAR'S SIGNATURE Maretha Lawrence	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 8 1958

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 J. J. Rosson

Licensed Embalmer No. 2555 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.