

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005053
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 49

300
-57

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN UNION <i>6361</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 306 LOCUST ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EMMA Middle REBECCA Last COWAN			4. DATE OF DEATH Month FEB. Day 15 Year 1959		
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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 MAY 9, 1883	9. AGE (In years last birthday) 75	FUNDER 1 YEAR Months 9 Days 8	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) GERALD, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE HUETHER	13b. MOTHER'S MAIDEN NAME MARY TIEMAN	14. NAME OF HUSBAND OR WIFE WM. COWAN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT WM. COWAN Address UNION, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Sarcoma of Left Femur</i></u>		INTERVAL BETWEEN ONSET AND DEATH 4 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u><i>Spontaneous Fracture of Left Femur 10 days</i></u>		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.) <u><i>Pathological Fracture Left Femur</i></u>
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20c. TIME OF INJURY Hour 11:00 Month, Day, Year 2-6-59 a.m. 2-6-59 p.m. 2-6-59	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u><i>Home</i></u>	20f. CITY, TOWN, OR LOCATION <u><i>Union</i></u>	COUNTY <u><i>Franklin</i></u>	STATE <u><i>MO</i></u>
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21. I attended the deceased from <u><i>6-14-59</i></u> to <u><i>2-15-59</i></u> and last saw her alive on <u><i>2-15-59</i></u> Death occurred at <u><i>5:25 P</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u><i>B. H. Stuhlmann</i></u> (Degree or title) <u><i>M.D.</i></u>	22b. ADDRESS <u><i>Union, MO</i></u>	22c. DATE SIGNED <u><i>2-16-59</i></u>
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23a. BURIAL, CREMATION, or other (Specify) BURIAL	23b. DATE 2-18-59	23c. NAME OF CEMETERY OR CREMATORY NEW FRIENDSHIP CEM.	23d. LOCATION (City, town, or county) (State) GERALD, MO.
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24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME	ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. 2/17/59	26. REGISTRAR'S SIGNATURE <u><i>F. H. Stuhlmann</i></u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 1 1959

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 *Ralph J. Altman*

Licensed Embalmer No. *4808*

P. O. Address *Yonkers, N.Y.*

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.