Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010817
STATE FILE NUMBER

FILED MAR 27 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2625

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY
b. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Anthony Hospital, Length of stay in Ib	d. STREET ADDRESS (If outside, give location) 5525 Ashland Ave., Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Baby Billie	Middle: Jean	Last: Cowell,	4. DATE OF DEATH Month Day Year: March 13, 1959			
5. SEX: Female.	6. COLOR OR RACE: White,	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: March 13, 1959	9. AGE (In years last birthday): -0-	IF UNDER 1 YEAR: Months -0- Days -0-	IF UNDER 24 HRS.: Hours 10 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): St. Louis, Missouri,	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME: Billie S. Cowell,	13b. MOTHER'S MAIDEN NAME: Barbara J. Rambo	14. NAME OF HUSBAND OR WIFE: ----------				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Billie S. Cowell, Address: 5525 Ashland Ave.,				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac and respiratory failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c) 773.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 13 March 1959 to _____ and last saw her/him alive on 13 March 1959. Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L. Nye, M.D. (Degree or title)

22b. ADDRESS 3201 Arsenal St. St. Louis Mo.

22c. DATE SIGNED 14 March 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal.

23b. DATE: 1/14/59

23c. NAME OF CEMETERY OR CREMATORY: Stanfield Cemetery,

23d. LOCATION (City, town, or county) (State): Gideon, Missouri,

24. FUNERAL DIRECTOR: Gebken-Benz Mortuary, ADDRESS: 2842 Meramec St., St. Louis 18, Mo.

25. DATE RECD. BY LOCAL REG.: 3-14-1959

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. M.B.

(Licensed Embalmer's Statement on Reverse Side)

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.

******** NO EMBALMING********

Student .....
Signature of Student Embalmer

Signed Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec S
St. Louis, 18,

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.