XX

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041232
STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 60

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6970
2 0970
3
4 1
5 2
6
7 0
8 2
9 159X
10
11
12 86-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED OCT 24 1962

1. PLACE OF DEATH
a. COUNTY SALINE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS — Length of stay in 1b: 2 MONTHS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORSYTHE REST HOME — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SALINE
c. CITY OR TOWN MALTA BEND — Inside Limits: Yes X No ☐
d. STREET ADDRESS NOT NUMBERED (If outside, give location) — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First IONA Middle Last DEMOSS
4. DATE OF DEATH: Month OCT. Day 11 Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 3/29/1883
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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: HOME
11. BIRTHPLACE (City and state or country): GOODSON, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: WILLIAM COWDEN
13b. MOTHER'S MAIDEN NAME: DELLA PITTS COWDEN
14. NAME OF HUSBAND OR WIFE: JOHN (DEC.)
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.: NO
17. INFORMANT: MRS. WALTER PHILLIPS, Address: MALTA BEND, MO.

MEDICAL CERTIFICATION

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, MASSIVE GASTRIC HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 10 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMA OF UPPER G.I. TRACT — UNKNOWN
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 8-28-62, to 10-11-62 and last saw ~~she~~ her alive on 10-11-62
Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul Roberts, M. D. — 22b. ADDRESS: SWEET SPRINGS, MISSOURI — 22c. DATE SIGNED: 10-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: 10-14-62 — 23c. NAME OF CEMETERY OR CREMATORY: GRAND PASS CEMETERY — 23d. LOCATION (City, town, or county) (State): GRAND PASS, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: JACK W. RESER, MARSHALL, MISSOURI — 25. DATE RECD. BY LOCAL REG.: Oct 20, 1962 — 26. REGISTRAR'S SIGNATURE: Mary Moseley

(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.

Student _____ Signed Jack W Reser

Signature of Student Embalmer

Licensed Embalmer No. 4643

P. O. Address Marshall Mo

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.