

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1108 - 63-003807
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1108

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 8 1963

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b 1 WEEK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Edgewater Nursing Home Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILL. b. COUNTY MADISON
c. CITY OR TOWN Yehice Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 709 BROWN ST. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
James H. McCowab FEBRUARY - 1 - 1963
5. SEX MALE 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH July 19 - 1878 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATIONERY ENG. 10b. KIND OF BUSINESS OR INDUSTRY General Steel 11. BIRTHPLACE (City and state or country) Newton Co. MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HARVEY H. McCowab 13b. MOTHER'S MAIDEN NAME MARY SPILLMAN 14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO 16. SOCIAL SECURITY NO. _____ 17. INFORMANT 383 Keele, Keele Address 709 BROWN ST. Yehice ILL.

18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atherosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH _____
DUE TO (b) _____
DUE TO (c) 4200

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 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 _____ 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 JAN 26 1963 to Feb 1, 1963 and last saw him alive on Feb 1, 1963
Death occurred at 1:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE [Signature] (Degree or title) _____ 21b. ADDRESS 5500 S. Broadway St. Louis 21c. DATE SIGNED 2-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal to Madison, ILL. 23b. DATE _____ 23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S 23d. LOCATION (City, town, or county) (State) GRANITE CITY ILL.

24. FUNERAL DIRECTOR Francis J. Fahey Madison Ill. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. FEB 1 1963 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

VS 300 Rev. 4/59
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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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

Francis J. Fahy

Licensed Embalmer No. 2792

P. O. Address

Madison Ill

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.