

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-013148

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2994**

FILED MAR 21 1963

VS 300
Rev. 4/59

1		DATE AMENDED
2	2/1/63	
3		
4	1	
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7	1	
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12	65-0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY - - -		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY - - -	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
Length of stay in 1b 6 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 3972 Parker Avenue	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Talma (n.m.i.) Cowgill			4. DATE OF DEATH Month Day Year March 14, 1963
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-14-81
9. AGE (last birthday) 81		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 own home	11. BIRTHPLACE (City and state, or country) Charleston, West. Va.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME (Unknown) Taylor	
13b. MOTHER'S MAIDEN NAME (Unknown) Mastin		14. NAME OF HUSBAND OR WIFE Orin Ray Cowgill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no) no		16. SOCIAL SECURITY NO. 4200	
17. INFORMANT Address Mrs. Louise Harbison 4022 Utah		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Septal Myocardial Infarction ARTERIOSCLEROTIC HEART DISEASE DUE TO (b) 4200 DUE TO (c) 4200 CONDITIONAL if any, which gave rise to above cause (a), stating the underlying cause (b) 4200	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) VIRUS UPPER RESPIRATORY INFECTION		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from 3/5/63 to 3/14/63 and last saw him alive on 3/13/63		Death occurred at 2:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Charles L. Adams		22b. ADDRESS 3438 S. GRAND BLVD.	
22c. DATE SIGNED 3/14/63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-16-63	23c. NAME OF CEMETERY OR CREMATORY Park Lawn	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY SAM	
25. DATE RECD. BY LOCAL REG. MAR 14 1963		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

Dr. Charles B. Ladd
3438 S. Grand
PR. 1-7388

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

John L. Denney

Licensed Embalmer No. 4194

P. O. Address St. Louis, Mo

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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.