

Registration District No. 15

Primary Registration District No. 5072

State File No. _____

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Golden City, R. 4 Newport Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 26 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Golden City, R. 4 Newport Twp.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CARL CHRISTOPHER COWAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Pearl Gibbs Cowan 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased November 26 1881
 (Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Christian Co. Mo. D
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
 12. Name Christopher Cowan
 13. Birthplace Christian Co. Mo. D
 (City, town, or county) (State or foreign country)
 14. Maiden name Fancy M. Ball
 15. Birthplace Christian Co. Mo. D
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Cowan
 (b) Address Golden City, Mo.

17. (a) Burial (b) Date thereof Jan. 7, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hazelwood Cem. Springfield, Mo.

18. (a) Signature of funeral director Phillips General Home
 (b) Address Golden City, Mo.

19. (a) Jan. 6, (b) 45
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
 year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 5 - 1945 to Jan 5 - 1945
 that I last saw him alive on Jan 5 - 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 10 hours

Due to _____
 Due to _____
 Other conditions 94A
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. M. Brooks, M.D. (M. D. or other)
 Address Golden City, Mo. Date signed 1-6-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

JAN 29 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *H. H. Hough*

Licensed Embalmer No. *3278*

P. O. Address *Golden City, 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1619
Registrar's No. 1

Registration District No. 15 Primary Registration District No. 5072

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Golden City R. 4. Newport
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: sup.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Barton
(c) City or town Golden City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl Christopher Cowan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan Day 5 Year 1945 hour _____ minute _____ M. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Beal Cowan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Nov (Month) 26 (Day) _____ (Year)

21. I hereby certify that I attended the deceased from Jan 5, 1945 to Jan 5, 1945 and that death occurred on the date and hour stated above.
Immediate cause of death: coronary occlusion

8. AGE: Years 63 Months _____ Days _____ (Less than one day) _____ min.
9. Birthplace Christian Co Mo. (City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 94a
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Farmer
11. Industry or business _____
12. Name Christopher Cowan
13. Birthplace Christian Co Mo. (City, town, or county) (State or foreign country)
14. Maiden name Nancy M Ball
15. Birthplace Christian Co Mo. (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Beal Cowan
(b) Address Golden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Highwood Cem. Springfield
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo
19. (a) Nov 26-45 (Date received local registrar) (b) Martha Rhee (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. M. Brashers (M.D. or other) _____
Address Golden City, Mo

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

SUPPLEMENTARY

RECEIVED

District Health Officer No. 6,

District File Number 343-377

Date Filed MAR 29 1945