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

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27710

BIRTH NO. 292 REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4434 Registrar's No.

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Ralls,	
b. CITY OR TOWN Center, Missouri.		c. CITY OR TOWN Center, Missouri R.F.D.	
c. LENGTH OF STAY (In this place) 3		d. STREET ADDRESS (If rural, give location) Center, Mo. Saltriver Township.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Center, Missouri.			

3. NAME OF DECEASED (Type or Print) Charlie Edgar Cowden.	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Aug. 14, 1949.	(Month)	(Day)	(Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Jan. 3, 1860	9. AGE (In years last birthday) 89	if UNDER 1 YEAR	if UNDER 12 HRS.
				8	11	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Ralls County, Missouri,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hiram Cowden	13b. MOTHER'S MAIDEN NAME Martha Rice,	14. NAME OF HUSBAND OR WIFE Millie Cowden.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Paul Cowden	ADDRESS Center, Missouri.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (acute)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		431X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 14, 1949** to **Aug 14, 1949** that I last saw the deceased alive on **Aug 14, 1949**, and that death occurred at **6:00P.** m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Brooks (Degree or title) D.O.	23b. ADDRESS Center, Missouri	23c. DATE SIGNED 8-17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-17-49	24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Center, Missouri
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DATE REC'D BY LOCAL REG. 8/19-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Couch & Wilkey	ADDRESS Center, Mo.
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DEC 16 1950

RECEIVED AUG 22 1949
District Health Officer No. 10
District File Number 8-49-14
Date Filed AUG 22 1949

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 _____
Student Embalmer

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perryville

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.