

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27824

BIRTH NO.		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5977		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY <u>POLK</u>				2. USUAL RESIDENCE (Where deceased lived; if transitory, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		c. LENGTH OF STAY (in this place) <u>72 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aldrich #2</u>				d. STREET ADDRESS (If rural, give location) <u>Aldrich #2 8840</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALBERT</u>		b. (Middle) <u>ERNEST</u>		c. (Last) <u>COWAN</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPTEMBER 3, 1877</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>POLK Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James S. Cowan</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH PATTON</u>		14. NAME OF HUSBAND OR WIFE <u>MARYELLA COWAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN L. COWAN SPRINGFIELD, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Spinal Paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general paralysis gradual</u> DUE TO (c) <u>not known</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>general debility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>357X</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1934</u> to <u>Aug 15, 1950</u> , that I last saw the deceased alive on <u>Jan 1, 1950</u> , and that death occurred at <u>6:15 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>B B Kirby M.D.</u> (Degree or title)				23b. ADDRESS <u>Radaville Mo</u>		23c. DATE SIGNED <u>Aug 18, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>August 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>POLK Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 21, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim's Funeral Service</u>		ADDRESS <u>Walnut Grove Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 30 1950

Dist. File 850-1841

Date Filed Aug. 30, 1950

JUN 8 1962

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed Clarence D. Noble

Licensed Embalmer No. 4005

P. O. Address Ash Grove 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.