

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36422

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5236 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural; -Box Township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Box Township	
c. LENGTH OF STAY (in this place) 5 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 5, Eldorado Springs		d. STREET ADDRESS (If rural, give location) R. 5, Eldorado Springs	

3. NAME OF DECEASED (Type or Print)	a. (First) Vinson	b. (Middle) Leonard	c. (Last) McCowan	4. DATE OF DEATH (Month) (Day) (Year) 11-8-1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/27/1900	9. AGE (In years) 50 (If birthday)	IF UNDER 1 YEAR (Months) (Days)	IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James McCowan	13b. MOTHER'S MAIDEN NAME Ruby Vinson	14. NAME OF HUSBAND OR WIFE Beulah McCowan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 500)01-3187	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beulah McCowan El Dorado Spgs; Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, severe		2 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4/201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 8:00 1950, to 8:00 1950, that I last saw the deceased alive on 8 Nov 1950 and that death occurred at 4:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Hill M.D. Eldorado Springs Mo.	23b. ADDRESS	23c. DATE SIGNED 11 Nov 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/14/1950	24c. NAME OF CEMETERY OR CREMATORY Love	24d. LOCATION (City, town, or county) (State) Cedar County Mo.
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DATE REC'D BY LOCAL REG. Nov. 13, 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]
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(Licensed Embalmer's Statement on Reverse Side)

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

200

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

RECEIVED NOV 21 1950

Dist. File 11 50 - 2332

Date Filed 11/29/50

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 J B Bradford

Licensed Embalmer No. 3038

P. O. Address Passada No

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.