

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9440

State File No. 73

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 348 Registrar's No. 73

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY NODAWAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NODAWAY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARYVILLE | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BURKHINGTON JUNCTION | |
| c. LENGTH OF STAY (In this place) 6 DAYS | | d. STREET ADDRESS (If rural, give location) 0740 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS | | | |

| | | | | |
|-------------------------------------|------------------------|----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) JOHN | b. (Middle) RICHARD | c. (Last) McCOWN | 4. DATE OF DEATH (Month) (Day) (Year) MCH 8 1951 |
|-------------------------------------|------------------------|----------------------------|-------------------------|---|

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|-----------------|-------------------------------|---|-------------------------------------|---|---|--|
| 5. SEX M | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MCH 21 1883 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR 10 Months 10 Days | IF UNDER 1 MIN. 10 Hours 10 Min. |
|-----------------|-------------------------------|---|-------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | 10b. KIND OF BUSINESS OR INDUSTRY BUILDING | 11. BIRTHPLACE (State or foreign country) BRADYVILLE, IOWA | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME GEORGE McCOWN | 13b. MOTHER'S MAIDEN NAME LOUISA WELLS | 14. NAME OF HUSBAND OR WIFE JESSIE LECOX |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME HAROLD McCOWN | ADDRESS BURL. JCT. 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 hrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma with DUE TO (c) metastasis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma probably edema | | 153x | |

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| 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) _____ | 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 1-1-51, to 3-11-51, that I last saw the deceased alive on 3-11-51, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

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|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE H.C. Bauman (Degree or title) 0 | 23b. ADDRESS Maryville Mo | 23c. DATE SIGNED 3/14/51 |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 3-11-51 | 24c. NAME OF CEMETERY OR CREMATORY OHIO | 24d. LOCATION (City, town, or county) (State) BURKHINGTON JCT MO |
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| DATE REC'D BY LOCAL REG. 3-17 51 | REGISTRAR'S SIGNATURE Bess Hault | 25. FUNERAL DIRECTOR'S SIGNATURE J. Mann | ADDRESS BURL. JCT MO |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

742



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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2965

P. O. Address Burlington Jet 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.