

U.S. No. 300
REV. 10-48

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32536

State File No. _____
Registrar's No. 45

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5103

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW LINDSEY</u>	c. LENGTH OF STAY (in this place) <u>MONTHS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOVER 1710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLYN</u> b. (Middle) <u>JEAN</u> c. (Last) <u>COWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 6 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>BABY N</u>	8. DATE OF BIRTH <u>Dec 28, 1948</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Morgan Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Jewell Cowell</u>	13b. MOTHER'S MAIDEN NAME <u>Maxine Gregory</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Cowell</u> ADDRESS <u>Warsaw, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. ?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide Gas</u>	DU TO (b) <u>In back seat of automobile when stuck in snow drift while attempting to move car.</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Leaking exhaust gas</u>		<u>EB 24:3</u> <u>33</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT CAUSE (Specify) <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lindsey Township, Benton, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 6 51 10:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Exhaust gas from automobile</u>

22. I hereby certify that I attended the deceased from never, 1950, to never, 1951, that I last saw the deceased alive on never, 1950, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gene Cally D.D. (Coroner)</u>	23b. ADDRESS <u>Warsaw, Mo</u>	23c. DATE SIGNED <u>11-7-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Co</u>
24d. LOCATION (City, town, or county) (State) <u>Stover Morgan Co Mo</u>		

DATE REC'D BY LOCAL REG. <u>Nov 7-1951</u>	REGISTRAR'S SIGNATURE <u>Geo. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reese</u> ADDRESS <u>Warsaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 13 1961

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 13 1961

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 *John J. Riser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.