

## STANDARD CERTIFICATE OF DEATH

State File No. **34271**

FILED OCT 17 1951

BIRTH NO.		REG. DIST. NO. <b>184</b>		PRIMARY REG. DIST. NO. <b>3038</b>		Registrar's No. <b>84</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Linn</b>		b. CITY (If outside corporate limits write RURAL and give township) <b>Brookfield</b>		a. STATE <b>Mo</b>		b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits write RURAL and give township) <b>Brookfield</b>		c. LENGTH OF STAY (In this place) <b>53 yrs</b>		c. CITY (If outside corporate limits write RURAL and give township) <b>Brookfield</b>		0582	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>126 E. Clark</b>				d. STREET ADDRESS (If appl. give location) <b>126 E. Clark</b>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <b>INEZ</b>			b. (Middle) <b>ETHEL</b>			c. (Last) <b>COWAN</b>	
(Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct - 9 - 1951</b>				
5. SEX <b>F</b>		6. COLOR OR RACE <b>B</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July - 16 - 1898</b>	
9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR (Month) (Day) <b>2</b> <b>23</b>		IF UNDER 1 HR. (Hour) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Brookfield Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>							
13a. FATHER'S NAME <b>L. R. Williamson</b>			13b. MOTHER'S MAIDEN NAME <b>VIVELLA LOCKWOOD</b>			13c. NAME OF HUSBAND OR WIFE <b>Rayne Cowan</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. <b>None</b>		16. INFORMANT'S SIGNATURE OR NAME <b>Rayne Cowan</b> ADDRESS <b>Brookfield Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				<b>10 months</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Hypertension &amp; Arteriosclerosis</b>				<b>5 yrs</b>	
Morbid conditions, if any, going rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
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 (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>4201</b>	
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?			
22. I hereby certify that I attended the deceased from <b>Nov. 1950</b> , to <b>Oct 9, 1951</b> , that I last saw the deceased alive on <b>Oct 9, 1951</b> , and that death occurred at <b>7:30 P.M.</b> From the causes and on the date stated above.							
23a. SIGNATURE <b>W. B. Simpson</b> (Degree or title)				23b. ADDRESS <b>Brookfield Mo</b>		23c. DATE SIGNED <b>10/11/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10/12/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Brookfield Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-12-51</b>		REGISTRAR'S SIGNATURE <b>Walter Edwin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Blacklock</b>		ADDRESS <b>Brookfield Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Received: OCT 15 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-1831  
Date Filed: OCT 15 1957

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.....

Signed.....  
Student Embalmer

Signed *J. K. Blacklock*.....

Licensed Embalmer No. *2246*.....

P. O. Address *Brookfield 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.