

FILED OCT 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34647

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Cowan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 15 1951</u>
5. SEX <u>Male</u> <input type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/11/1891</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>L. F. Cowan</u>		13b. MOTHER'S MAIDEN NAME <u>Letta A. Wrinkle</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Cowan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>494-09-6596</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruby Cowan, Richland, Missouri</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.			INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Thrombosis</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>			<u>4 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5702</u>	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)
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 <u>10-15</u> , 19 <u>51</u> , to <u>10-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-15</u> , 19 <u>51</u> , and that death occurred at <u>4:00 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ben Kirsman MD</u>		23b. ADDRESS <u>Richland, Mo.</u>	23c. DATE SIGNED <u>10-16-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/17/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richland</u>	24d. LOCATION (City, town, or county) (State) <u>Richland, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-23-51</u>	REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. B. Teeple Richland, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

153182 JUN 21 1951

RECEIVED 10-23-51
Pulaski County Health Officer
File Number 10-29-51
Date Filed 10-29-51

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

Oct. 15 - 1951

working under my personal supervision.

Signed *Fred W. Gilkey*
Student Embalmer No.

Signed.....
Student Embalmer.

Licensed Embalmer No. *2341*

P. O. Address Dixon, Missouri

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.