

FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13452

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 30

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1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waverly Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bogard, 0170</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kelling Hosp</b>		d. STREET ADDRESS (rural, give location) <b>city.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Herbert</b> b. (Middle) <b>Cowherd</b> c. (Last) <b>Cowherd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 18-1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Dec 22 1877</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Store</b>	11. BIRTHPLACE (State or foreign country) <b>Ky</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	

13a. FATHER'S NAME <b>William Cowherd</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Carter</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Cowherd, Nerbonne, Mo</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>Don't know.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry Cowherd, Nerbonne, Mo</b>	ADDRESS <b>Nerbonne, Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
	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. <b>hiatus hernia</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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) _____
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 **Feb 4**, 19**52** to **Apr 18**, 19**52**, that I last saw the deceased alive on **Apr 18**, 19**52** and that death occurred at **10:45 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Doug Lee Kelling M.D.</b> (Degree or title)	23b. ADDRESS <b>Waverly, Mo.</b>	23c. DATE SIGNED <b>4/19/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>April 20/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ook Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Carrollton, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 19-1952</b>	REGISTRAR'S SIGNATURE <b>Rayton St. Landrum 154</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. A. DeKerion</b>	ADDRESS <b>Bogard Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Boyard, 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.