

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39736**

**FILED NOV 18 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5947** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>(Rural) St. James</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural St. James twp</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Alvin</b>	b. (Middle) <b>Roy</b>	c. (Last) <b>Cowan</b>	4. DATE OF DEATH (Month) <b>NOV</b> (Day) <b>2</b> (Year) <b>1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 28 1909</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Walter Cowan</b>	13b. MOTHER'S MAIDEN NAME <b>Florence Bullock</b>	14. NAME OF HUSBAND OR WIFE <b>Esther Cowan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give year or date of service) <b>None</b>	16. SOCIAL SECURITY <b>489-05-6486</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Esther Cowan</b> ADDRESS <b>St. James, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b>		<b>1 hr.</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.			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **NOV. 2, 1952** to **NOV. 2, 1952**, that I last saw the deceased alive on **NOV. 2, 1952**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James H. Burt</b> (Degree or title) <b>Dr.</b>	23b. ADDRESS <b>St. James, Mo.</b>	23c. DATE SIGNED <b>11/1/52</b>
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24a. BURIAL, CREMATION, BENEFICIAL (Specify) <b>Burial</b>	24b. DATE <b>11-5-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>High Gate Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>High Gate, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-14-52</b>	REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	479-	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Jesse Gahr, Jr.</b> ADDRESS <b>St. James, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

210

FEB 26 1953

MAR 8 1954

County File Number \_\_\_\_\_  
Date Filed 11-10-52

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 C. Jesse Gahr

Signed.....  
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address Sh. James, 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.