

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10818**

FILED APR 7 1953

BIRTH NO. 112806 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 57

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pemiscot</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural Portageville</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural Wardell</b>   |  |
| c. LENGTH OF STAY (In this place)<br><b>Life</b>  |  | d. STREET ADDRESS (If rural: give location)<br><b>Rural Route 2</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Rural Route 2</b>                                   |  |  |  |

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|---|--|--|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Charles</b> b. (Middle) <b>Edward</b> c. (Last) <b>Cowley</b> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>March 27, 1953</b> |   |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>Negro</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Infant</b> |  |
| 8. DATE OF BIRTH<br><b>March 15, 1953</b>   |  | 9. AGE (In years last birthday)<br><b>0</b>  |   | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>12</b>                       |  |
| IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b> |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>X</b>                           |  |

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| 11. BIRTHPLACE (State or foreign country)<br><b>Wardell, Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |  |
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|--|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>Willie Cowley</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Elvira Willis</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>X</b> |  |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> |  | 16. SOCIAL SECURITY NO.<br><b>X</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Elvira Cowley R. 2 Portageville, Mo.</b> |  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Pneumonia</i></u><br><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br><br>DUE TO (b)<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u><i>One day</i></u> |  |
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|-------------------------|--|---|--|--|--|
| 19a. DATE OF OPERATION. |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>7630</b> |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) |  |
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|  |  |  |  |                            |  |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) |  | 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 3-27, 1953 to 3-27, 1953, that I last saw the deceased alive on 3-27, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><u><i>Dr. Claude H. Chastain, D.O.</i></u> |  | 23b. ADDRESS<br><u><i>Wardell, Mo.</i></u> |  | 23c. DATE SIGNED<br><u><i>3-30-53</i></u> |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>3-28-53</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Saint Paul</b>              |  |
|  |  |                             |  | 24d. LOCATION (City, town, or county) (State)<br><b>Wardell, Mo.</b> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>4-2-53</b> |  | REGISTRAR'S SIGNATURE<br><u><i>John Th. German</i></u> <b>406-U</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Jimmy Osburn Funeral Home, Wardell, Mo.</b> |  |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5780

0789

4-120-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

APR 4 1953

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.....

*James A. Osburn*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.