

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31252

FILED SEP 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>5237</u>		Registrar's No. <u>53</u>		
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - CEDAR TWP.</u>		c. LENGTH OF STAY (In this place) <u>84 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs - RURAL - TWP.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 5, El Dorado Spns.</u>				d. STREET ADDRESS (If rural, give location) <u>Route 5</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wade</u> b. (Middle) <u>M.</u> c. (Last) <u>Cowan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 25, 1869</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Hardin Cowan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eula Cowan, R. 5, El Dorado Spns., Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease & acute ventricular failure</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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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) (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 <u>Feb 20, 1953</u> to <u>Sept 20, 1953</u> , that I last saw the deceased alive on <u>Sept 15, 1953</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Chas. W. Davis, M.D.</u>				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>9-21-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hackleman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Co., Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 23, 1953</u>		REGISTRAR'S SIGNATURE <u>Chas. W. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Brown, El Dorado Spns., Mo.</u>				

418 - 0 (Licensed Embalmers' Statement on Reverse Side)

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

NOV 27 1955

NOV 16 1955

AUG 30 1955

SEP 29 1955

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 May W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

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.