

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **42307**

91335
FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. 6-8		PRIMARY REG. DIST. NO. 5212		Registrar's No. 26		
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Carter				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Carter		c. LENGTH OF STAY (If this place) 36 HRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Carter Twp.		0180		
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL H. VAN BUREN, MO.				d. STREET ADDRESS (If rural, give location) R.R. VAN BUREN, MO.				
3. NAME OF DECEASED (Type or Print) EARL		a. (First) EUGENE		c. (Last) COWIN		4. DATE OF DEATH (Month) (Day) (Year) NOV 30, 1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 11-28-1953		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ellington, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JAMES COWIN		13b. MOTHER'S MAIDEN NAME ZONA RATLIFF		14. NAME OF HUSBAND OR WIFE CHILD				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME JAMES COWIN, VAN BUREN MO. ADDRESS _____				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A talactasia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Birth DUE TO (c) Prob. Toxemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 11/29-11/30	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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).		7625		
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 Nov 28, 1953 , to Nov 29, 1953 , that I last saw the deceased alive on Nov 29, 1953 , and that death occurred at 6:00 PM , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Kenneth T. Carter MD		23b. ADDRESS Ellington, Mo		23c. DATE SIGNED Dec 2/53				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/30/53		24c. NAME OF CEMETERY OR CREMATORY Chitwood Cemetery		24d. LOCATION (City, town, or county) (State) Reynolds Co. Mo		
DATE REC'D BY LOCAL REG. Dec. 17-53		REGISTRAR'S SIGNATURE Mrs Oeta Harrison		25. FUNERAL DIRECTOR'S SIGNATURE Colman M. Brown, Mo. ADDRESS _____				

(Licensed Embalmers' Statement on Reverse Side)

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

Not Embalmed

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.....
Student Embalmer

Signed.....
Licensed Embalmer

Licensed Embalmer No. *4543*

P. O. Address *Van Buren 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.