

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Do 9812
State File No.

No. 300
10.48

5820

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

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M^cFarney Hospital</u>		d. STREET ADDRESS (If rural give location) <u>608 Freeman</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>W.</u> c. (Last) <u>COWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 11-1954</u>	
5. SEX <u>M^o</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Nov-19-1886</u>
9. AGE (In years last birthday) <u>67</u>	10. MONTHS <u>6</u>	11. DAYS <u>5</u>	12. HOURS <u>33</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Give if retired) <u>Bridge Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Becklin Missouri U.S.A</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>John Cowell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stuch</u>	
13c. NAME OF HUSBAND OR WIFE <u>Stella Cowell</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 <u>Stella Cowell</u> ADDRESS <u>Brookfield 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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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)		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>Dec 16, 1953</u> to <u>March 11, 1954</u> , that I last saw the deceased alive on <u>March 11, 1954</u> , and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. W. Babcock M.D.</u>		23b. ADDRESS <u>211 Linn Brookfield Mo.</u>	
23c. DATE SIGNED <u>3/12/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/15/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Baldwin Linn</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Iowa</u>	
DATE REC'D BY LOCAL REG. <u>3-15-54</u>		REGISTRAR'S SIGNATURE <u>Ladine Hambach</u> ADDRESS <u>Brookfield Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>	

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 J. K. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.