

No. 300  
10.48

FILED JUN 28 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **18274**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5237 Registrar's No. 25

1. PLACE OF DEATH  
 a. COUNTY Cedar  
 b. CITY OR TOWN Rural-Cedar Twp.  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 5, Eldorado Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri  
 b. COUNTY Cedar  
 c. CITY OR TOWN El Dorado Spgs  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) Rural-Cedar Twp. 02<sup>nd</sup>

3. NAME OF DECEASED  
 (Type or Print) a. (First) E L mer b. (Middle) W. c. (Last) Cowan  
 4. DATE OF DEATH (Month) (Day) (Year) June 12, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married  
 8. DATE OF BIRTH 1-5-1895 9. AGE (In years last birthday) 59 9. AGE (In years if under 1 year) Months Days 9. AGE (In hours if under 1 hrs.) Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer  
 10b. KIND OF BUSINESS OR INDUSTRY Own Farm  
 11. BIRTHPLACE (City and State or Foreign Country) Cedar County, Mo.  
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wade Cowan 13b. MOTHER'S MAIDEN NAME Sarah Hopkins 14. NAME OF HUSBAND OR WIFE Leta Cowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Leta Cowan ADDRESS Rt 5, El Dorado

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cause of death unknown  
 ANTECEDENT CAUSES found dead near farm tractor after rain storm  
 MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) after rain storm  
 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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. ... 23b. ADDRESS 250 Dorado Springs, Mo. 23c. DATE SIGNED 6-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-14-54 24c. NAME OF CEMETERY OR CREMATORY Wachman Cemetery 24d. LOCATION (City, town, or county) (State) Cedar County, Mo.

DATE REC'D BY LOCAL REG. June 16, 1954 REGISTRAR'S SIGNATURE George W. ... 25. FUNERAL DIRECTOR'S SIGNATURE ... ADDRESS ...

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

SEP 27 1954

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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.....  
Signature of Student Embalmer

Signed *Max W. Pickering*.....

Licensed Embalmer No... *469* .....

P. O. Address *El Paso* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.