No. 300
10.48

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28584

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 55

0860

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Elm Temp
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Putnam
c. CITY OR TOWN Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Unionville, Mo. 0860

3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) Belle c. (Last) Cowell

4. DATE OF DEATH (Month) Aug (Day) 18, (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH Feb. 23, 1886
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 3 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St Francisville Mo
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Thompson
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE F. Cowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. ~~no~~
17. INFORMANT'S SIGNATURE OR NAME Francis Cowell ADDRESS Unionville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus metastasing trachea & lungs — INTERVAL BETWEEN ONSET AND DEATH 7 years

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.

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) m.
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* Feb 6, 1954, *to* Aug 18, 1954 *that I last saw the deceased alive on* Aug 18, 1954 *and that death occurred at* 11.45 *m., from the causes and on the date stated above.*

23a. SIGNATURE Chas L Judd (Degree or title) DO
23b. ADDRESS Unionville Mo
23c. DATE SIGNED 8/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 8-20-54
24c. NAME OF CEMETERY OR CREMATORY St Francisville Mo
24d. LOCATION (City, town, or county) (State) same

DATE REC'D BY LOCAL REG. 8-28-54
REGISTRAR'S SIGNATURE Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE F. Husted ADDRESS Far Unionville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Merl E Hustie

Licensed Embalmer No. 33

P. O. Address Emmet

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.