

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38374

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Putnam Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give town) UNIONVILLE		c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN UNIONVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) EMILY b. (Middle) VIOLA c. (Last) COWAN		4. DATE OF DEATH (Month) (Day) (Year) NOV 10-54	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH July 15-1875
9. AGE (In years last birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) PUTNAM CO MO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) PUTNAM CO MO	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Geo. SCOBEE		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE SOLOMAN COWAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) n	16. SOCIAL SECURITY NO. n	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beth Linder - 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Disease DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)
21d. TIME OF INJURY	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 Jan 11, 1952, to Nov 10, 1954, that I last saw the deceased alive on Nov 10, 1954 and that death occurred at 2:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE H.W. Sullivan (Degree or title) DOT		23b. ADDRESS Unionville MO	23c. DATE SIGNED 11/15/54
24a. BURIAL, CREMATION, REMOVAL (Specify) 13	24b. DATE 11-12-54	24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEM	24d. LOCATION (City, town, or county) (State) Unionville, MO
DATE REC'D BY LOCAL REG. 11-20-54	REGISTRAR'S SIGNATURE Maxwell Durbin 266-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.O. Husted Unionville MO	

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

0660

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..... *Murl E. Husted*

Licensed Embalmer No..... *32*

P. O. Address *Union*

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.