

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12276

FILED APR 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Rural Washington</u> c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY OR TOWN <u>Nickman Mills</u> <u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11102 Longview Road</u>		d. STREET ADDRESS (If rural, give location) <u>11102 Longview Road</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LEONARD</u>	b. (Middle) <u>LEON</u>	c. (Last) <u>COWEE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 28, 1904</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hoisting Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rogers Ark</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>James Cowee</u>	13b. MOTHER'S MAIDEN NAME <u>Lida Walden</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Cowee</u>
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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. <u>487-07-2438</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Cowee</u> ADDRESS <u>11102 Longview Rd. Nickman Mills Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	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 <u>1/201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-19, 1955, to 4-10, 1955, that I last saw the deceased alive on 4-10, 1955, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clint Miller M.D.</u> (Degree or title)	23b. ADDRESS <u>See Summit Mo</u>	23c. DATE SIGNED <u>4-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rogers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rogers Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>4-11-55</u>	REGISTRAR'S SIGNATURE <u>Sterling Goodard</u>	55. FUNERAL DIRECTOR'S SIGNATURE <u>G.K. Pegg</u> ADDRESS <u>See Grandview Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 16 1955

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 *Stirling E. Bradford*

Licensed Embalmer No. *4911*

P. O. Address *Grandview 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.