No. 300
10-48

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16012

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY: Marion.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Missouri
c. LENGTH OF STAY (In this place): 2 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital.

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

3. NAME OF DECEASED (Type or Print)
a. (First): Hiram
b. (Middle): J.
c. (Last): Cowden.

4. DATE OF DEATH (Month) May (Day) 16, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 8, 1888
9. AGE (In years last birthday): 66 — If under 1 year: Months 10, Days 8 — If under 24 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: Farming
11. BIRTHPLACE (City and State or Foreign Country): Center, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Hiram Cowden
13b. MOTHER'S MAIDEN NAME: Martha Rice.
14. NAME OF HUSBAND OR WIFE: Effie Mallen Cowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Effie Cowden, Center, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Obstructive Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: ?

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. Diabetes mellitus - anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 154 X
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 4-15-55, 19___, *to* 5-16-55, 19___, *that I last saw the deceased alive on* 5-16-55, 19___, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R M Strong (Degree or title): M.D.
23b. ADDRESS: 115 N. 5th St. Hannibal, Mo.
23c. DATE SIGNED: 5-18-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-18-1955
24c. NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Center, Missouri.

DATE REC'D BY LOCAL REG.: 5-25-55
REGISTRAR'S SIGNATURE: Dr. E M Lucke By W C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Clyde Quisenberry, Perry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 3 1 1955
MARION CO. HEALTH DEPT.
DATE FILED MAY 3 1 1955

JUN 3 0 1955

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...Clyde R. Wilsey...

Licensed Embalmer No.....382

P. O. Address.....Perry, M

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.