

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19497

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4341 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower</u>		c. CITY OR TOWN <u>Bellflower</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 Yrs</u>		STREET ADDRESS (If rural, give location) <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<u>Ethel Florence Cowan</u>	<u>Ethel</u>	<u>Florence</u>	<u>Cowan</u>	<u>June 16 1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 2 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Machine operator</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William W. Cowan</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Long</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>493-03-8611</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lura Cowan Bellflower Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>		<u>10 Days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pancreatitis</u> DUE TO (c) <u>Nephritis</u>		<u>15 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>591X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	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 Oct. 19 1954 to JUNE 16, 1955, that I last saw the deceased alive on JUNE 16, 1955, and that death occurred at 2:30 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (In type or title) <u>Ab Van Corder M.D.</u>	23b. ADDRESS <u>Montgomery City Mo</u>	23c. DATE SIGNED <u>6-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 18-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Middletown</u>	24d. LOCATION (City, town, or county) (State) <u>Middletown Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>June 21-1955</u>	REGISTRAR'S SIGNATURE <u>Miss May Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oland A Jones</u>	ADDRESS <u>Bellflower Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

100

JUN 30 195

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 ..... Me ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clarence Jones*.....  
Licensed Embalmer No 2978...

P. O. Address Bellflower.

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.