

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1956

State File No. **41315**
Registrar's No. **3-56**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4306**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman	
c. LENGTH OF STAY (In this place) 28 years		d. STREET ADDRESS (If rural, give location) 0600 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Bert c. (Last) Cowan			4. DATE OF DEATH (Month) (Day) (Year) December 30, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 11, 1899		9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR (Months) (Days) 1 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller		10b. KIND OF BUSINESS OR INDUSTRY of Walls		11. BIRTHPLACE (City and State or Foreign Country) Harrison, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Marian Cowan		13b. MOTHER'S MAIDEN NAME Eliza Ann Robinson		14. NAME OF HUSBAND OR WIFE Margaret Hinkle Cowan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-07-4452		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Cowan, Goodman, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured aortic aneurism				INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetic melitis				Doctors saw him before	
		DUE TO (c) obesity				451X	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				8:30 AM - 11:30 AM	

19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other buildings, etc.) Goodman		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) McDonald Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **Dec. 30, 1955, to Dec. 30, 1955**, that I last saw the deceased alive on **Dec. 30, 1955**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Meneas MD (Degree or title)		23b. ADDRESS Neosho Missouri		23c. DATE SIGNED 12/31/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/2/56		24c. NAME OF CEMETERY OR CREMATORY Howard Cemetery	
				24d. LOCATION (City, town, or county) (State) Goodman, Missouri	

DATE REC'D BY LOCAL REG. 1-3-56		REGISTRAR'S SIGNATURE Wayne J. Jurek		FUNERAL DIRECTOR'S SIGNATURE Rabb Funeral Home Anderson, Mo	
				ADDRESS _____	

APR 17 1956

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

F. Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Anderson, 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.