

FILED SEP 24 1956

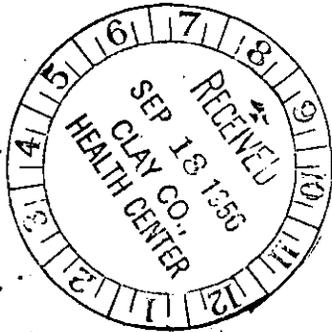
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30172**

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

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SMITHVILLE		c. LENGTH OF STAY (in this place) 2 WEEKS		c. CITY OR TOWN CAMDEN POINT		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP.				f. STREET ADDRESS (If rural, give location) 08361			
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) ELLEN		c. (Last) COWDREY		4. DATE OF DEATH (Month) (Day) (Year) SEPT. II, 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEP. 15, 1876		9. AGE (In years last birthday) 80	if UNDER 1 YEAR 9 Months	if UNDER 2 HRS. 28 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) CAMDEN POINT, PLATTE CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CALBERT CHERRY		13b. MOTHER'S MAIDEN NAME EMILY McCLAIN		14. NAME OF HUSBAND OR WIFE CHARLES COWDREY DIED 1923			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHAS. H. COWDREY SMITHVILLE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <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>Generalized arteriosclerosis</u>					<u>15 years</u>	
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic pyelonephritis</u>					<u>5 years</u>	
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) 332X			
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 <u>10-25</u> , 19 <u>56</u> , to <u>9-11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-11</u> , 19 <u>56</u> , and that death occurred at <u>9 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert H. Canady N.D.</u>				23b. ADDRESS <u>Smithville, Mo.</u>		23c. DATE SIGNED <u>9-11-56.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-13-1956	24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY		24d. LOCATION (City, town, or county) (State) CAMDEN POINT, MO.		
DATE REC'D BY LOCAL REG. 9-12-56		REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCOMAS FUNERAL HOME, Smithville, MO.			

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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 *Donald W. Hanks*.....

Licensed Embalmer No. *4528*.....

P. O. Address *Smithville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.