

S. No. 300  
lv. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38699

State File No. ....

FILED NOV 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2639

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fenton</u>		c. CITY OR TOWN <u>Vandalia</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>15 mos.</u>		e. STREET ADDRESS (If rural, give location) <u>004/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fenton Home for the Aged</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOLA</u> b. (Middle) <u>M.</u> c. (Last) <u>COWDEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1957</u>
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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>April 9, 1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REPORTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>REPORTING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vandalia, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown CALVIN COWDEN</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown RACHEL BAICE</u>	14. NAME OF HUSBAND OR WIFE <u>Nil.</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>Nil.</u>	16. SOCIAL SECURITY NO. <u>497-09-0475</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fenton Home for the Aged, Fenton, 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, asphyxia, 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>CARCINOMA OF RECTUM</u>		<u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>154X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC MYOCARDITIS</u>		<u>?</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) _____	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 Nov 1, 1957, to Oct 21, 1957, that I last saw the deceased alive on Oct. 20, 1957, and that death occurred at 10:30am., from the causes and on the date stated above.

23a. SIGNATURE <u>B.R. Loving M.D.</u> (Degree or title)	23b. ADDRESS <u>BALLWIN, Mo.</u>	23c. DATE SIGNED <u>10.21.57</u>
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24a. BURIAL: CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-23-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-24-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donker MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington, Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Robert J. Davis* Licensed Embalmer No. *4108*

P. O. Address *Davis, N.C.*

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.

12-5-51

Embalm

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