

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008584
STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Washington township TOWN			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR Bolivar TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR State Hosp. 3 INSTITUTION			Length of stay in 1b 4-3-0	d. STREET ADDRESS unk.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Blanche Middle H. Last Cowden				4. DATE OF DEATH Month 2 Day 27 Year 58			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-3-1871		9. AGE (In years at birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John William Pulley			13b. MOTHER'S MAIDEN NAME Virginia Waller		14. NAME OF HUSBAND OR WIFE Stonewall Jackson Cowden		
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. 488-24-1404		17. INFORMANT Admission papers		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atheromatous Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Dementia						INTERVAL BETWEEN ONSET AND DEATH years years years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 4-25-55 to 2-27-58 and last saw her alive on 2-27-58 Death occurred at 7:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Edmund J. ...</i> (Degree or title)				22b. ADDRESS <i>... Mo</i>		22c. DATE SIGNED 2-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAR. 1, 1958		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) Bolivar, Mo	
24. FUNERAL DIRECTOR Erwin Funeral Home, Bolivar, Mo				25. DATE RECD. BY LOCAL REG. 3-5-1958		26. REGISTRAR'S SIGNATURE <i>Anna E. Farris</i>	

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 Marshall C. Blackwell

Licensed Embalmer No. 4713
P. O. Address Bolivar, Md.

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.