THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043425
STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 295

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. No. 1 — Length of stay in 1b Since June 14, 53

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Boone 0105
c. CITY OR TOWN Columbia — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 1108 Walnut St (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Willis, Middle B., Last Cowan,
4. DATE OF DEATH: Month Dec. Day 25 Year 58
5. SEX M 2
6. COLOR OR RACE Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Mar 3, 1888
9. AGE (In years last birthday) 70
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook or farmer.
10b. KIND OF BUSINESS OR INDUSTRY SAME
11. BIRTHPLACE (City and state or country) Callaway Kans. 1
12. CITIZEN OF WHAT COUNTRY? U. S
13. FATHER'S NAME Willis Cowan
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Hospital records — Address Fulton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia left lung
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 493X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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, Hosp. No. 1 attended the deceased from June 14, 53 to Dec. 25, 58 and last saw her/him alive on 12/25/58
Death occurred at 3:45 p.m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R. C. Robertson (Degree or title) M.D. 0
22b. ADDRESS Fulton, Mo
22c. DATE SIGNED 12/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 30, 1958
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) Columbia (State) Mo.
24. FUNERAL DIRECTOR Mrs Street Parker, Columbia Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. Dec. 27-1958
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 7 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George H. Gra

Licensed Embalmer No. 47

P. O. Address Marsha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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..