Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002844

STATE FILE NUMBER 2 694

FILED FEB 4 1958

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57
5
65
0

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Bourbon 0280 Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Johns Hospital Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Claude	Middle James	Last Cowan	4. DATE OF DEATH Month Day Year Jan. 18, 1959
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH 1-11-1887
9. AGE (In years last birthday) 72	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) Conductor	10b. KIND OF BUSINESS OR INDUSTRY Street Car Co.	11. BIRTHPLACE (City and state or country) Bourbon, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Cowan	13b. MOTHER'S MAIDEN NAME Emily Burnett	14. NAME OF HUSBAND OR WIFE Grace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.	16. SOCIAL SECURITY NO. 493-10-9997	17. INFORMANT Address Grace Cowan, Bourbon, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH 10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Art Sclerotic Cerebral Thrombosis

DUE TO (c) 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 attended the deceased from 1-10-59, to 1-18-59 and last saw her/him alive on 1-18-59

Death occurred at 11 30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl J Pais MD 0	22b. ADDRESS 18 S Kingshighway	22c. DATE SIGNED 1-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-19-59	23c. NAME OF CEMETERY OR CREMATORY Bourbon Cemetery	23d. LOCATION (City, town, or county) (State) Bourbon, Mo.
24. FUNERAL DIRECTOR ADDRESS Hoener Funeral Home, Bourbon, Missouri.	25. DATE RECD. BY LOCAL REG. JAN 20 '59	26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB	

(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 causally related.

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 .....

Licensed Embalmer No. 4108

P. O. Address .....

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.