

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013891
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED APR 20 1959 Registration District No. Primary Registration District No. 169 Registrar's No. 13

300
1-57 4

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knox City		c. CITY OR TOWN Novelty 0520	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nelson Nursing Home		d. STREET ADDRESS (If outside, give location) 5 yrs	
3. NAME OF DECEASED (Type or print) First Middle Last ELECTA ISABELL COWLES			4. DATE OF DEATH Month Day Year April 11, 1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 29, 1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knox County
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David J. Howerton	
13b. MOTHER'S MAIDEN NAME Julia Ann Hunziker		14. NAME OF HUSBAND OR WIFE Heman Levi Cowles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Virgil Cowles, Address Twin Falls, Idaho
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Poisoning DUE TO (b) Chronic Nephritis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 30 day ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus, Senility 592X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Death occurred at March 28/1956 Apr 11, 1959 and last saw her alive on Apr 8, 1959 at 12:54 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Waldo B. Jovan MD (Degree or title)		22b. ADDRESS Knox City Mo	
22c. DATE SIGNED 4/12/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 15 Apr '59		23c. NAME OF CEMETERY OR CREMATORY Novelty Cemetery	
23d. LOCATION (City, town, or county) (State) Novelty, Missouri		24. FUNERAL DIRECTOR Edwin Mo. ADDRESS	
25. DATE RECD. BY LOCAL REG. April 14-59		26. REGISTRAR'S SIGNATURE Waldo B. Jovan	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 5041

P. O. Address Edine, 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.