

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 3 1960

-60-014686

INDEXED

Registration District No. 99. Primary Registration District No. _____ Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ark, Mo b. COUNTY _____									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Maysville		Length of stay in lb 2 weeks		c. CITY OR TOWN Clinton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Fred Welter Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 5 Mi, S.E.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) John Campbell Cowles				4. DATE OF DEATH Month 4 Day 10 Year 60									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1882 Oct 13		9. AGE (last birthday) 77		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher				10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and state or country) Mo		12. CITIZEN OF WHAT COUNTRY U.S.A					
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE none					
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. 540-10-1309		17. INFORMANT Mrs Fred Welter Maysville Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u> DUE TO (b) <u>Chronic Endocarditis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>?</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m. _____		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Mar 30 1960</u> to <u>Apr 10 1960</u> and last saw him alive on <u>4/10/60</u> Death occurred at <u>5:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Sheard Fowler M.D.</u>				22b. ADDRESS <u>Maysville Mo</u>				22c. DATE SIGNED <u>4/14/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-12-60		23c. NAME OF CEMETERY OR CREMATORY Tarkio		23d. LOCATION (City, town, or county) Tarkio Mo							
24. FUNERAL DIRECTOR <u>John Brown</u> ADDRESS Maysville Mo				25. DATE RECD. BY LOCAL REG. 4-24-60		26. REGISTRAR'S SIGNATURE <u>Rosie Davidson</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 3 - 1960

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. 3933

P. O. Address Maysville 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.