

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-024017

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 494

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 52 Years	c. CITY OR TOWN Columbia
c. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 409 Melbourne St.
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last NOLAN RAY COWDEN	4. DATE OF DEATH Month Day Year August 8, 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-6-1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman	10b. KIND OF BUSINESS OR INDUSTRY Shoe Salesman	11. BIRTHPLACE (City and state or country) Hallsville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Newman R. Cowden	13b. MOTHER'S MAIDEN NAME Bettie Gertrude Bratton	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II	16. SOCIAL SECURITY NO. World War II	17. INFORMANT Edwin D. Bihl, Columbia, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 10 min.
IMMEDIATE CAUSE (a) <i>Pulmonary Embolus - Massive</i>	DUE TO (b) <i>Phlebotrombosis - prob with leg</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of the left lung</i>	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from <i>8-7-61</i> to <i>8-8-61</i> and last saw her <i>8-8-61</i> live on <i>8-8-61</i> Death occurred at <i>1:15 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <i>Dr. H. A. Smith MD</i>	22b. ADDRESS <i>1015 Cherry Columbia Mo</i>	22c. DATE SIGNED <i>8-9-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 9, 1961	23c. NAME OF CEMETERY OR CREMATORY Dripping Springs Cemetery	23d. LOCATION (City, town, or county) (State) Boone County, Mo.
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24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug. 9, 1961	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer
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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 ST 907 SA

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.