

SOUTH DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 151

FILED NOV 27 1961

AMENDED

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 18pt; font-weight: bold;">LAWRENCE</p>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LAWRENCE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 18pt; font-weight: bold;">PIERCE CITY</p>		Length of stay in 1b <p style="text-align: center; font-size: 18pt; font-weight: bold;">40 YEARS</p>	c. CITY OR TOWN <p style="text-align: center; font-size: 18pt; font-weight: bold;">PIERCE CITY</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 18pt; font-weight: bold;">301 ELM STREET</p>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 18pt; font-weight: bold;">301 ELM STREET</p>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center; font-size: 18pt; font-weight: bold;">KENNETH IVAN COWAN</p>			4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 18pt; font-weight: bold;">11 17 1961</p>		
5. SEX <p style="text-align: center; font-size: 18pt; font-weight: bold;">M</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 18pt; font-weight: bold;">WHITE</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 18pt; font-weight: bold;">7-15-1904</p>	9. AGE (last birthday) <p style="text-align: center; font-size: 18pt; font-weight: bold;">57</p>	IF UNDER 1 YEAR Months Days <p style="text-align: center; font-size: 18pt; font-weight: bold;">4 2</p>
IF UNDER 24 HR Hours Min. <p style="text-align: center; font-size: 18pt; font-weight: bold;">1 0</p>	10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <p style="font-size: 18pt; font-weight: bold;">Parts man</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="font-size: 18pt; font-weight: bold;">Meat & Sausage</p>	11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 18pt; font-weight: bold;">LOWELL ARKANSAS</p>	12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 18pt; font-weight: bold;">USA</p>
13a. FATHER'S NAME <p style="text-align: center; font-size: 18pt; font-weight: bold;">JOE COWAN</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 18pt; font-weight: bold;">ATHA GARNER</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 18pt; font-weight: bold;">ELLA COWAN</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <p style="text-align: center; font-size: 18pt; font-weight: bold;">ELLA COWAN PIERCE CITY, MO.</p>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="font-size: 24pt; font-weight: bold;">Acute Myocardial Infarction</p> DUE TO (b) <p style="font-size: 24pt; font-weight: bold;">Gen arterio sclerosis</p> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
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>9-28-60</u> to <u>11-17-61</u> and last saw her alive on <u>11-17-61</u> Death occurred at <u>4:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or title) <p style="font-size: 24pt; font-weight: bold;">J. B. Edwards M.D.</p>			22b. ADDRESS <p style="font-size: 24pt; font-weight: bold;">Monett, MO</p>		22c. DATE SIGNED <p style="font-size: 24pt; font-weight: bold;">11-17-61</p>
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 18pt; font-weight: bold;">BURIAL</p>	23b. DATE <p style="text-align: center; font-size: 18pt; font-weight: bold;">11-19-1961</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 18pt; font-weight: bold;">CITY CEMETERY</p>		23d. LOCATION (City, town, or county) (State) <p style="text-align: center; font-size: 18pt; font-weight: bold;">PIERCE CITY MO.</p>	
24. FUNERAL DIRECTOR ADDRESS <p style="text-align: center; font-size: 18pt; font-weight: bold;">WILKS BROS. PIERCE CITY, MO.</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 18pt; font-weight: bold;">Nov 18 - 1961</p>	26. REGISTRAR'S SIGNATURE <p style="font-size: 24pt; font-weight: bold;">Miss P. N. Cook</p>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 13 1962

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 Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Peace City

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.