

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-007531**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 291  
**FILED FEB 28 1962**

Primary Registration District No. \_\_\_\_\_ Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Putnam</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Putnam</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural-Elm Tmp.</b>		Length of stay in 1b <b>life</b>		c. CITY OR TOWN <b>Rural - Tmp. Elm</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Livonia, Mo.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Livonia, Mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Francis</b> Middle <b>Marion</b> Last <b>Cowell</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>17</b> Year <b>1962</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-15-79</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>2</b>	IF UNDER 24 HR Hours <b>2</b> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Putnam Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>William Cowell</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Buster</b>			14. NAME OF HUSBAND OR WIFE <b>Viola Cowell D</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Tom. Buster, Unionville, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion immediately</b> DUE TO (b) <b>arteriosclerosis hypertensive years</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b>						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 _____ to _____ and last saw him/her alive on _____ Death occurred at <b>possibly 8 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) <b>Chas. L. Judd, D.O.</b>				22b. ADDRESS <b>Unionville, Mo.</b>				22c. DATE SIGNED <b>2/21/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		23b. DATE <b>2-23-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Buster Cem</b>		23d. LOCATION (City, town, or county) <b>Putnam Co., Mo.</b>		(State)		
24. FUNERAL DIRECTOR <b>F.O. Husted &amp; Son-Unionville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>2-21-62</b>		26. REGISTRAR'S SIGNATURE <b>Marshall Durbin</b>			

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 Muriel E. Husted

Licensed Embalmer No. 3304

P. O. Address Monroville Pa

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.