MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-007641

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 85

FILED FEB 28 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FARMINGTON MO — Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): EASTER HOME OF RUTH — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST FRANCOIS
c. CITY OR TOWN: FARMINGTON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 313 W College — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SADIE Middle Last COWLEY
4. DATE OF DEATH: Month FEB. Day 17 Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/28/77
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and state or country): PORTSMOUTH OHIO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOSEPH CHABOUDE
13b. MOTHER'S MAIDEN NAME: JENNIE TURPIN
14. NAME OF HUSBAND OR WIFE: SAMUEL C COWLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT Address: MRS JOS.FEEZOR FARMINGTON MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Labor Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriolar Heart dis — unk
DUE TO (c): Senile Psychosis — unk

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb 13, 1962, to Feb 19, 1962 and last saw her/him alive on Feb 18, 1962
Death occurred at 1:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] DO
22b. ADDRESS: Farmington Mo
22c. DATE SIGNED: 2/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2/19/62
23c. NAME OF CEMETERY OR CREMATORY: METHODIST
23d. LOCATION (City, town, or county): LIBERTYVILLE (State) MO.

24. FUNERAL DIRECTOR ADDRESS: C.H.COZEAN FARMINGTON MO.
25. DATE RECD. BY LOCAL REG.: Feb 19, 1962
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 O H Cogan

Licensed Embalmer No. 4084

P. O. Address Farmington

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.