

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033624

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 191

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10071
20070

3
4 0
5 2
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7 0
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9 692.0
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12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED OCT 9 1962

1. PLACE OF DEATH
a. COUNTY Bates

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Bates

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler, Missouri Length of stay in 1b 2 Mon.

c. CITY OR TOWN Rich Hill, Mo Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates County Mem. Hosp Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 806 East Walnut Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
OTHO BYRON COWARDIN October 2 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/18/69 9. AGE (last birthday) 92 IF UNDER 1 YEAR Months 9 Days 14 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Salesman 11. BIRTHPLACE (City and state or country) Milan, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Collin H. Cowardin 13b. MOTHER'S MAIDEN NAME Louisa McLouis 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service. Yes Spanish-American 16. SOCIAL SECURITY NO. None 17. INFORMANT Estell Cowardin Address Rich Hill, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion. INTERVAL BETWEEN ONSET AND DEATH 48hrs.
DUE TO (b) Acute Septicemic Cellulitis
DUE TO (c) fall 7da.
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 August 2, 1962 and last saw him alive on Sept 30, 1962. Death occurred at 2:49 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thos. C. Lusk Jr. M.D. (Degree or title) 22b. ADDRESS State Bk. Bldg. Butler, Mo 22c. DATE SIGNED Oct 4-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE 10/5/62 23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Booth Funeral Serv. Rich Hill, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 10-5-62 26. REGISTRAR'S SIGNATURE Norma Jean Wilson

USE BLACK INK OR TYPEWRITER RIBBON

DEC 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 Robert J. Steindluch

Licensed Embalmer No. 4657

P. O. Address Butler, 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.