

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012752

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 282

Primary Registration District No.

Registrar's No.

50

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aldrich (Union)		c. CITY OR TOWN Aldrich	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aldrich RR 2		d. STREET ADDRESS (If outside, give location) RR 2	
3. NAME OF DECEASED (Type or print) BRUCE PATTON COWAN		4. DATE OF DEATH 3-24-63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 6-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Polk County - Mo	
13a. FATHER'S NAME JAMES COWAN		13b. MOTHER'S MAIDEN NAME MARY PATTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Miss Cordie Cowan - RR 2 Aldrich - Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) acute heart failure DUE TO (b) chronic myocarditis 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) Influenza & distal pneumonia			
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"/>		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 3/21/63 to 3/24/63	
21. I attended the deceased from 3/21/63 to 3/24/63 and last saw her him alive on 3/21/63 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Douglas E. McEwan		22b. ADDRESS Bolivar Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-26-63	
23c. NAME OF CEMETERY OR CREMATORY Roseths Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Polk County - Mo.	
24. FUNERAL DIRECTOR Douglas L. Daniel		25. DATE RECD. BY LOCAL REG. March 26, 1963	
26. REGISTRAR'S SIGNATURE Ralph Borden per J. G.			

(Licensed Embalmer's Statement on Reverse Side)

Permit issued April Mar 24, 1963 JH

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 _____

Licensed Embalmer No. 4702

P. O. Address Ashe Grove, N.C.

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.