

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40301**

BIRTH NO. **FILED DEC 28 1955** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 13 yrs		c. CITY OR TOWN Clinton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 207 N. Washington St.				e. STREET ADDRESS (If rural, give location) 207 N. Washington St.			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Johnathan c. (Last) Cowden			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19, 1870		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 10 Days 4	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hardware		11. BIRTHPLACE (City and State or Foreign Country) Henry Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Allen Cowden			13b. MOTHER'S MAIDEN NAME Rebecca Barker		14. NAME OF HUSBAND OR WIFE Sudie Cowden		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ruth Cowden ADDRESS Houston, Texas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Arterio-sclerosis					2 Day	
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)					3 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	331x						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1953 , to Dec 20, 1955 , that I last saw the deceased alive on 12-19, 1955 , and that death occurred at 4 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. Walker M.D.				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 12-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton, Missouri		
DATE REC'D BY LOCAL REG. 12-22-55		REGISTRAR'S SIGNATURE Mildred Biggs		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conner		ADDRESS Clinton, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 1-9 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 *Eugene R. Conzalez*.....

Licensed Embalmer No. *46*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.