

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005317

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Urich, Walker Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Urich,</b> 0420 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>R#2, Her Home</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>RFD. # 2,</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Flossie Pauline Cowan</b>			4. DATE OF DEATH Month Day Year <b>Feb. 21, 1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 25, 1907</b>
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months Days <b>11 27</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Henry Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Benjamin Batschelett</b>	
13b. MOTHER'S MAIDEN NAME <b>Cora Henry</b>		14. NAME OF HUSBAND OR WIFE <b>Oscar Cowan</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>Oscar Cowan, RFD. 2, Urich, 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>Hypostatic Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Paralytic respiratory Muscles</b> DUE TO (c) <b>Thyroid Malignancy - infiltrated into spinal cord 3 mo.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs -</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>4-28-58</b> to <b>2-21-59</b> and last saw <sup>her</sup> <del>him</del> alive on <b>2-21-59</b> Death occurred at <b>7:40 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.D. Bradshaw, M.D.</b> (Degree or title)		22b. ADDRESS <b>So Side Square, Clinton, Mo.</b>	22c. DATE SIGNED <b>2-21-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 23, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Oak Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Urich, Mo. Rural</b>
24. FUNERAL DIRECTOR <b>H.A. Trisaut, Clinton, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-23-59</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... *J. H. A. Tausant* .....

Licensed Embalmer No. *3729* .....

P. O. Address ..... *Clinton* .....

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.