

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012753

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 45

STATE FILE NUMBER

VS 300	DATE AMENDED				
Rev. 4/59					
10840					
20840					
3					
4 0					
5 1					
6					
7 0					
8 0					
9420.1	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	
10					
11					
1290-0	SHOULD READ	ITEM NO.	BY AFFIDAVIT OF		
13-0					

<b>FILED MAR 22 1963</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Polk</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Polk</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Dunnegan</b>		c. CITY OR TOWN <b>Dunnegan</b>	
Length of stay in lb <b>9 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Eugene Cowden</b>			4. DATE OF DEATH <b>March 18 1963</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</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>June 23, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stockman and farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	9. AGE (last birthday) <b>75</b>
11. BIRTHPLACE (City and state or country) <b>Goodson, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Cowden</b>		13b. MOTHER'S MAIDEN NAME <b>Della Pitts</b>	
14. NAME OF HUSBAND OR WIFE <b>Ida Mae</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.#1</b>	
16. SOCIAL SECURITY NO. <b>494-30-4817</b>		17. INFORMANT <b>Mrs. Ida Cowden, Dunnegan, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>			<b>6 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <b>Right ventricular failure</b>			<b>4 yrs</b>
DUE TO (c) <b>Coronary sclerosis</b>			<b>19 yrs</b>
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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	COUNTY STATE
21. I attended the deceased from <b>Mar 16 63</b> to <b>Mar 18, 63</b> and last saw him alive on <b>Mar 16, 63</b> Death occurred at <b>8:00</b> A. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <b>Bellevue Mo</b>	22c. DATE SIGNED <b>Mar 18 1963</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/21/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Humansville Cemetery</b>	23d. LOCATION (City; town, or county) <b>Humansville, Mo.</b> (State)
24. FUNERAL DIRECTOR <b>Beckwith Funeral Home, Humansville, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Mar. 18, 1963</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

MAR 25 1963

MAR 28 1963

Permit issued Mar. 18. 1963 J.B.

**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. Beskwith

Licensed Embalmer No. 3937

P. O. Address Humansville, 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.