

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26211**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **223**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>	
c. LENGTH OF STAY (In this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>128 North C</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>128 North C</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Martin</b>		b. (Middle) <b>S</b>		c. (Last) <b>Cowell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 27, 1949</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 8, 1888</b>		9. AGE (In years last birthday) <b>60</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>19</b>		11. IF UNDER 2 HRS. Hours <b>19</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory work</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Chicago, Illinois</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Silas Cowell</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Mann</b>			14. NAME OF HUSBAND OR WIFE <b>Arlie Mae Cowell</b>		
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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>386-03-1085</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Arlie Mae Cowell</b>		ADDRESS <b>Poplar Bluff</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>?</b>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Occlusion</b>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **8-27, 1949** to **8-27, 1949** that I last saw the deceased alive on **8-27, 1949**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F. F. Priest D.O.</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>8-29-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/29/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Aug 30 1949</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Freer Croy &amp; Fitch</b>		ADDRESS <b>Poplar Bluff Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12  
9  
3

SEP 6 REC'D

949-261

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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 .....  
Student Embalmer

Signed Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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 this body is not embalmed, fact should be so stated above.