

FILED SEP 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30089**

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5527** Registrar's No. **19**

430

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

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elkton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elkton	
c. LENGTH OF STAY (in this place) 5 years		0430	
d. FULL NAME OF HOSPITAL OR INSTITUTION So. part of town		d. STREET ADDRESS (If rural, give location) So. part of town	

3. NAME OF DECEASED a. (First) Sarah b. (Middle) Eraline c. (Last) COWEN			4. DATE OF DEATH (Month) (Day) (Year) May 28-1951		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 29-1881	9. AGE (In years last birthday) 70	10. MONTHS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Elkton Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Margus Kelley		13b. MOTHER'S MAIDEN NAME Anna E. Bitchel		14. NAME OF HUSBAND OR WIFE William W. Cowen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thelma Cowen - Elkton, Mo			

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week 1 year	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1. Hypertension DUE TO (c) 334X			
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 **May 20, 1951**, to **May 28, 1951**, that I last saw the deceased alive on **May 27, 1951**, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Bailey	23b. ADDRESS 212 Williams St	23c. DATE SIGNED July 18
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-29-51	24c. NAME OF CEMETERY OR CREMATORY Lidman Cemetery
24d. LOCATION (City, town, or county) Elkton Mo		(State)

DATE REC'D BY LOCAL REG. Aug 15-1951	REGISTRAR'S SIGNATURE W.P. Hargiss	25. FUNERAL DIRECTOR'S SIGNATURE S. B. Hathaway	ADDRESS Chatham, Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

9-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-20-51

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

Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address

Wheatland Md

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.