

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16273**

FILED JUN 3 1955

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4430** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY Adair Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Crocker		c. CITY (If outside corporate limits, write RURAL and give township) Crocker	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 0 9 J 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) Addie	b. (Middle)	c. (Last) Cowan	4. DATE OF DEATH (Month) (Day) (Year) May 24, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 21, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Crocker, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William C. Greer	13b. MOTHER'S MAIDEN NAME Elizabeth Payne	14. NAME OF HUSBAND OR WIFE John W. Cowan
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mary Robertson Crocker	ADDRESS Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia terminal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) age & hard work		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4500
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 18, 1955** to **May 25, 1955**, that I last saw the deceased alive on **May 25, 1955**, and that death occurred at **7:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. W. Wadsworth M.D.	23b. ADDRESS Crocker, Mo	23c. DATE SIGNED 5-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/26/55	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	24d. LOCATION (City, town, or county) (State) pulaski County, Mo.
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DATE RECD BY LOCAL REG. 5-26-55	REGISTRAR'S SIGNATURE Pauline Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Walter T. Wadsworth	ADDRESS Crocker, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

X

5-26-55
5-31-55
RECEIVED
Pulaski County Health Officer
Date Filed
File Number

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 _____

Walter P. Hedges

Licensed Embalmer No. _____

*4265
Merica, Mo.*

P. O. Address _____

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.