

FILED SEP 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30043

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST., NO. <u>3010</u>		Registrar's No. <u>412</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>6 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - PIKE TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #1 - PAINTON</u> 10:30 / 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH EAST Missouri Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>COWSERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 30, 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 11, 1890</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>POPK COUNTY, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ATWELL COWSERT</u>		13b. MOTHER'S MAIDEN NAME <u>JUBIE STORY</u>		14. NAME OF HUSBAND OR WIFE <u>STELLA MAY COWSERT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>492-42-0013</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STELLA MAY COWSERT - PAINTON, MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Artery Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Reversal of Arteriosclerosis</u> DUE TO (c) <u>Rickets Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>3 years</u> <u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Gangrene Rt foot</u>						<u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>5-23, 1953</u> , to <u>8-30, 1956</u> , that I last saw the deceased alive on <u>8-20, 1956</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. O. McEachern, M.D., Gen. Practitioner, Mo.</u>				23b. ADDRESS		23c. DATE SIGNED <u>9-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-1-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PERKINS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PERKINS, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-13-56</u>		REGISTRAR'S SIGNATURE <u>O. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 1957

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

Jack J. Burnett

Licensed Embalmer No.

4473

P. O. Address

Chaffee, Misso

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.