

down street

Health, Welfare, Public Service
0
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44456
STATE FILE NUMBER

FILED DEC 31 1956

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston, Missouri</u>		c. CITY OR TOWN <u>East Prairie, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sikeston, Missouri</u>		d. STREET ADDRESS <u>1 Mile East of East Prairie, Mo.</u>	
Length of stay in lb <u>3 HOURS</u>		Reside on Farm <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Emmett</u> Last <u>Cowser</u>			4. DATE OF DEATH Month <u>December</u> Day <u>13</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 9, 1891</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and state or country) <u>Winchester, Tenn.</u>	
13. FATHER'S NAME <u>Thomas Cowser</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>488-42-0650</u>		17. INFORMANT <u>Mrs. Florence Cowser, East Prairie, Mo.</u>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>
DUE TO (b) <u>Acute Anterior Myocardial Infarction</u>		
DUE TO (c) <u>Arterio Sclerotic Cordis Vasculum</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION <u>None</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>					
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 <u>Sikeston, Mo.</u>	
21. I attended the deceased from <u>12-13-56</u> to <u>12-13-56</u> and last saw <u>him</u> alive on <u>12-13-56</u> Death occurred at <u>12/13/56 4:45 PM</u> of the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Thomas C. McElwee MD</u> (Degree or title)			22b. ADDRESS <u>Sikeston, Mo.</u>		22c. DATE SIGNED <u>12/21/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-16-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anniston Cemetery</u>		23d. LOCATION (City, town, or county) <u>Anniston, Missouri</u>
24. FUNERAL DIRECTOR <u>Travis Shelby East Prairie, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>12-21-56</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Ellen Hunter</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED **DEC 24 1956**

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1256-267

DEC 28 1956

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

Signature *Mavis Shelby*

Licensed Embalmer No. 2

P. O. Address *East Pr...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.