

Health, Welfare, Public Service
 300-56
 No symptoms were present. 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
 Doctor, coroner, etc. must, use only standard nomenclature in item 16. No symptoms were present. All diseases in Part I must be, casually related. Coroner cannot certify to a death due to natural causes.

FILED, MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3605**

Registration District No. 1 Primary Registration District No. 5001 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence) a. STATE <u>MO</u> b. COUNTY <u>ADAIR</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL, CHAY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>RURAL</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GREENTOP MO</u>		Length of stay in lb <u>4 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>GREENTOP, MO.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>WILLIS EDWARD COWELL</u>			4. DATE OF DEATH <u>FEB. 21-1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>APR. 14-1920</u>		9. AGE (In years last birthday) <u>36</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>C</u>	11. BIRTHPLACE (City and state or country) <u>PUTNAM CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13. FATHER'S NAME <u>WILLIS COWELL</u>			14. MOTHER'S MAIDEN NAME <u>SYLVANIA STOKES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>483-18860</u>	17. INFORMATION <u>WALTER V. BROWN, GREENTOP 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>Encephalomyelitis</u> DUE TO (b) <u>Cerebral infarct</u> DUE TO (c) <u>Acute Leukemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
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 . Month, Day, Year a. m. p. m.					
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 COUNTY STATE	
21. I attended the deceased from <u>June '50</u> to <u>Feb. 21, '57</u> and last saw <u>him</u> alive on <u>Feb. 21, '57</u> Death occurred at <u>7:15 PM Feb. 21, '57</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Frank King DO 2</u>		22b. ADDRESS <u>Greentop Mo</u>		22c. DATE SIGNED <u>2-21-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>2-24-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MARTINSTOWN Cem</u>	
				23d. LOCATION (City, town, or county) (State) <u>Putnam Co Mo</u>	
24. FUNERAL DIRECTOR <u>W. Husted Dan Unsworth Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-27-1957</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 4

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
Signature of Student Embalmer

Signed *Murl O. Husted*

Licensed Embalmer No. *33*

P. O. Address *Unrecorded*

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.