Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000536
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 55 Primary Registration District No. 5206 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY CARROLL
b. CITY OR TOWN CARROLLton. Fairfield Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) No Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CARROLL
c. CITY OR TOWN CARROLLton City Mo. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Fairfield Twn Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Edgar Middle: — Last: Cowherd
4. DATE OF DEATH Month: Jan. Day: 14 Year: 1959
5. SEX MALE
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH July 6 - 1881
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 6 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Grocery
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (City and state or country) CAMPBELLSVILLE, KY.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Colby Cowherd
13b. MOTHER'S MAIDEN NAME MARY MATTIE CARTER
14. NAME OF ~~HUSBAND~~ OR WIFE MARY ALTA RONEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-22-0287
17. INFORMANT Harold Cowherd Address CARROLLton, MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Heart Insufficiency
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Hours.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan. 1/59 to Jan. 14/59 and last saw him alive on Jan. 14/59
Death occurred on 1/16/59 at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Hamilton Stites M.D. (Degree or title)
22b. ADDRESS Carrollton Mo.
22c. DATE SIGNED Jan 15 59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 1-16-59
23c. NAME OF CEMETERY OR CREMATORY OAK HILL
23d. LOCATION (City, town, or county) CARROLLton (State) Mo.

24. FUNERAL DIRECTOR Dickerson Funeral Home ADDRESS Bogard
25. DATE RECD. BY LOCAL REG. 1-16-59
26. REGISTRAR'S SIGNATURE Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

Death, Stillbirth, Fetal Mortality only: All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4469

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.