

FILED JUN 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18899H

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 45Health,
Welfare
Public
Service3000
1-56

Use only standard nomenclature in item 18. No symptoms will be listed. 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

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Grape Grove Twn</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>R F D Braymer, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET (If outside, give location) <u>Reside on Farm</u> ADDRESS <u>Grape Grove Twn</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Own home</u>		Length of stay in 1b <u>53 yrs.</u>			
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>Clay</u> Last <u>COWSERT</u>			4. DATE OF DEATH Month <u>May</u> Day <u>29</u> Year <u>1957</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>Dec. 16, 1879</u>	9. AGE (In years last birthday) <u>77 yrs</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>general Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William Adrian Cowsert</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Alice Bates</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs Emma May Cowsert, Braymer, Mo R FD</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>Hypostatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Apoplexy</u> DUE TO (c) <u>Hypertension Cardiac Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>16 mos.</u> <u>SEVERAL YRS</u>
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 _____ 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>May 11/57</u> to <u>May 28/57</u> and last saw the ^{him} alive on <u>May 28/57</u> Death occurred at <u>3:00</u> <u>p.</u> m on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> DO <u>2</u>			22b. ADDRESS <u>Braymer, Mo</u>		22c. DATE SIGNED <u>5-31-57</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	23b. DATE <u>June 2, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Braymer, Mo</u>		
24. FUNERAL DIRECTOR <u>Mead Funeral Service, Braymer, Mo.</u> <u>R.F.W.</u>		25. DATE RECD. BY LOCAL REG. <u>June 5-1957</u>	26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		

(Licensed Embalmer's Statement on Reverse Side)

MS
506 25 1960

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 *Dermard J. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo.

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.