

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17740

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3060</u>		Registrar's No. <u>165</u>		
1. PLACE OF DEATH a. COUNTY <u>St Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		c. LENGTH OF STAY (In this place) <u>6 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>604 W. Liberty St.</u>				d. STREET ADDRESS (If rural, give location) <u>604 W. Liberty St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>(n)</u> c. (Last) <u>Cowley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 25, 1871</u>		
9. AGE (In years if under 1 year last birthday) <u>79</u>		Months <u>6</u>		Days <u>5</u>		IF UNDER 18 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred Henry King</u>			13b. MOTHER'S MAIDEN NAME <u>Isabella Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Benjamin Cowley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas BOHS, Farmington, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
<b>MEDICAL CERTIFICATION</b>								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Uræmia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442 X</u>						
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
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) (Min.)		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>Nov 1, 1950</u> , to <u>April 30, 1951</u> , that I last saw the deceased alive on <u>April 30, 1951</u> , and that death occurred at <u>3:05 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. Geo. L. Watkins, M.D.</u>				23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>5-1-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/2/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Libertyville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home, Farmington, Mo.</u>				

(Licensed Embalmers' Statement on Reverse Side)

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

941

RECEIVED

MAY 14 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Paul K. Degeol

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.