

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19406

FILED JUN 13 1944

Registration District No. 374

Primary Registration District No. 6276

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural West Virginia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sheridan, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Bert Henry Costner

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

M.

5. Color or race

W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

Maudie Costner

6. (c) Age of husband or wife if

alive _____ years
12 1878
(Day) (Year)

7. Birth date of deceased

Nov.
(Month)

8. AGE:

Years

65

Months

6

Days

11

If less than one day

hr. _____ min. _____

9. Birthplace

Watson
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

12. Name

Benson Costner

13. Birthplace

Shirley
(City, town, or county)

Indiana
(State or foreign country)

14. Maiden name

Martha Williams

15. Birthplace

Shirley
(City, town, or county)

Indiana
(State or foreign country)

16. (a) Informant

Maudie Costner

(b) Address

Sheridan Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof 5-25-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Blackton Cem.

18. (a) Signature of funeral director

A. C. Dumble

(b) Address

Brant city, Mo.

19. (a)

May 30 - 1944
(Date received local registrar)

(b) Arden Scadden
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

North

(c) City or town

Rural
(If outside city or town limits, write "RURAL")

(d) Street No.

Sheridan Mo
(If rural, give location)

(e) Citizen of foreign country?

no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

5

day

23

year 1944

hour

6

minute

15 A. M.

21. I hereby certify that I attended the deceased from _____

_____ 19 _____ to _____ 19 _____

that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

94a

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury Car

23. Signature

A. C. Dumble

(Name or other)

Address

Brant city

Date signed 5-27-44

(Licensed Embalmer's Statement on Reverse Side)

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

11704

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arch C. Dunfee

Licensed Embalmer No.

3252

P. O. Address.....

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