

S. No. 2
DM-5-43
v. 5-17-39
I X36871

FILED JUN 5 1946
Registration District No. **50**

Primary Registration District No. **517B**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County **CAMDEN**

(b) City or town **Rural - Osage Township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Osage Beach - 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether)

In this community **15 yrs -**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MILLER**

(c) City or town **OSAGE BEACH - Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **none**

3. (a) PRINT FULL NAME **Austin - Cossey**

3. (b) If veteran, name war **World-War I**

3. (c) Social Security No. **0**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **CONNIE - COSSEY**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **Aug 5 1889**
(Month) (Day) (Year)

8. AGE: Years **27** Months **9** Days **5**
If less than one day **hr. min.**

9. Birthplace **CONWAY - Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cottage Camp Operator**

11. Industry or business **Hotel -**

12. Name **William - H - Cossey**

13. Birthplace **TERRA-HAUTE Ind.**
(City, town, or county) (State or foreign country)

14. Maiden name **SUSAN - RIERCE**

15. Birthplace **UNKNOWN - Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Connie Cossey**

(b) Address **Osage Beach Mo**

17. (a) **BURIAL** (b) Date thereof **5-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mus. Kogee - OKLA**

18. (a) Signature of funeral director **Walter M. Kaye**

(b) Address **Eldon Mo**

19. (a) **5/12/46** (b) **Zilpha J. Drew**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **10**
year **1946** hour **9** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **May 1 46**
19 **46** to **May 10 19 46**
that I last saw him alive on **May 8 19 46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **944**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **944**

Of autopsy

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 **Q**

23. Signature **Walter M. Kaye** (M. D. o **Q**)
Address **Eldon Mo** Date signed **5/14/46**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 12 1945

JUL 23 1945

1945

NOV 2

Received

Division Office No. 7,

Division of Health 5-46-533

Date Filed 6-5-46

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 *Keith McKay*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.