

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15283**

FILED APR 19 1948

Registration District No. **294**

Primary Registration District No. **6274**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Rural-Middlefork Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **Life**
years, months or days)

3. (a) PRINT
FULL NAME **Jacob Richard Costin**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single** 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **unknown** 1872.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 hr. min.

9. Birthplace **Grant City** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business.....

12. Name **Charles Costin**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Rachel Iopassie**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Sarilda Costin**

(b) Address **Grant City, Mo.**

17. (a) **Burial** (b) Date thereof **3-26-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithton Cemetery**

18. (a) Signature of funeral director **Arch C. Dwyer**

(b) Address **Grant City, Missouri**

19. (a) **April 5 1948** (b) **Leta E. Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth** 113
(c) City or town **Rural-Middlefork Township** 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **24**
year **1948** hour **6** minute **4** A. M.

21. I hereby certify that I attended the deceased from **October 48**
19 **47** to **3-23** 19 **48**
that I last saw him alive on **3-23** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Vascular Hemorrhage** 36 hours

Due to **Arteriosclerotic Cardiovascular Disease**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?.....

(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.....

23. Signature **Frank B. Matheson** (M. E. Seal)

Address **Grant City** Date signed **4/2/48**

DISTRICT HEALTH OFFICE
Canton, Mass.

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.