

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13283

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5397 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elyan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elyan	
d. FULL NAME OF HOSPITAL OR INSTITUTION Don Bryant Creek		d. STREET ADDRESS RFD	
3. NAME OF DECEASED (Type or Print) a. (First) Andy b. (Middle) Cobb c. (Last) Cobb			4. DATE OF DEATH (Month) (Day) (Year) 4-4-49
5. SEX M	6. COLOR OR RACE W	7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) M	8. DATE OF BIRTH 4-24-1875
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min. 11 70
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ozark Co., MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Cobb	
13b. MOTHER'S MAIDEN NAME Angelene Martin		13c. NAME OF HUSBAND OR WIFE Cara Cobb, \$	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [check]	
17. INFORMANT'S SIGNATURE OR NAME Mrs Andy Cobb, Elyan MO ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 9028 21	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bayou View	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ozark MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-4-1949 m.	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell off cliff while hunting cows	
22. I hereby certify that I attended the deceased from _____ 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M J Hoerman DO Coroner		23b. ADDRESS	
23c. DATE SIGNED		24a. BURNING, CREMATION, REMOVAL (Specify) 10	
24b. DATE 4-6-49		24c. NAME OF CEMETERY OR CREMATORY Fawcett	
24d. LOCATION (City, town, or county) (State) Paulfield MO		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Robertsons West Plains MO	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE 400	

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

RECEIVED

District Health Officer No. 5,

District File Number 649308

Date Filed 5-16-49

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
Student Embalmer

Signed D. Robertson

Licensed Embalmer No. 3430

P. O. Address West Plains, 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.