

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20195

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5697 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Richhill Twp</b>		c. LENGTH OF STAY (If this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 miles n.e. Chillicothe</b>			d. STREET ADDRESS (If rural, give location) <b>Springhill Road</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Freddy</b> b. (Middle) <b>Denzel</b> c. (Last) <b>Cobb</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 18, 1932</b>	9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months   Days IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Livingston Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Fred W. Cobb</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie R. Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred W. Cobb; Chillicothe, Missouri</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidentally drowned in Medicine Creek</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>in Medicine Creek</b> DUE TO (c) <b>6 miles n.e. Chillicothe</b>		<b>6-9-49</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ill. on about 1:30 PM. 42</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E/17/49. no injury</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <b>Chillicothe, Livingston, Missouri</b>
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? <b>7</b>

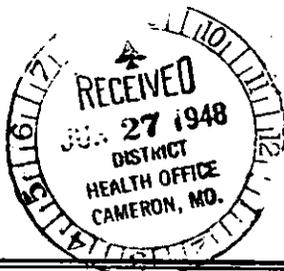
22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. M. Russell, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Livingston Co. Coroner</b>	23c. DATE SIGNED <b>6/17/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-19-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Plainview</b>	24d. LOCATION (City, town, or county) (State) <b>Chula, Missouri</b>

DATE REC'D BY LOCAL REG. <b>6/18/49</b>	REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Funeral Home; Chillicothe, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD



**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 \_\_\_\_\_

Joseph M. Gibson

Student Embalmer No. 305

working under my personal supervision.

Student

Joseph M. Gibson  
Student Embalmer

Signed

Elton S. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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