

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41580

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

BIRTH NO. _____		REG. DIST. NO. <u>176</u>		PRIMARY REG. DIST. NO. <u>5661</u>		Registrar's No. <u>31 279</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Turnback</u>		c. LENGTH OF STAY (In this place) <u>5 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt 3 Ash Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3 Ash Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 3 Ash Grove</u>				3. NAME OF DECEASED a. (First) <u>Etta</u> b. (Middle) <u>June</u> c. (Last) <u>Cossett</u>			
5. SEX <u>Fe.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Oct-26-1898</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Rodgers</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Haran Lawrence H. Cossett</u>		14. NAME OF HUSBAND OR WIFE <u>Loy Cossett Rt 3 Ash Grove Mo</u>			
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Loy Cossett</u> ADDRESS <u>Rt 3 Ash Grove Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Mod. Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1</u> <u>20 yrs</u> <u>15 yrs</u> <u>260X</u>	
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>NO</u>		21b. PLACE OF INJURY (a. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Oct 16</u> , 19 <u>39</u> , to <u>10/30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/25</u> , 19 <u>49</u> , and that death occurred at <u>4:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Emmett Glover D.M.D.</u> (Degree or title)				23b. ADDRESS <u>Mo Vernon, Mo</u>		23c. DATE SIGNED <u>10/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-1-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ruckman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rt. Marionville Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-1-49</u>		REGISTRAR'S SIGNATURE <u>W. S. Buehney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>158</u> <u>Max J. Fossett</u>		ADDRESS <u>Mo Vernon, Mo</u>	

RECEIVED JAN 3 1950  
District Health Office No. 6,  
District File Number 150-6  
Date Filed 1-3-50

**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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Milwaukee, Wis.

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.