

No. 300  
10-48

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19732

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5296 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> 0250	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR#1 Trimble Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 1 Trimble Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Burton</u>	c. (Last) <u>Cobb</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>6 26 1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1868</u> <u>8-3-1868</u>	9. AGE (In years last birthday)	10 UNDER 1 YEAR	11 UNDER 1 YEAR	12 UNDER 24 HRS.
				<u>82</u>	<u>10</u>	<u>23</u>	

10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>Printer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Lewis Cobb</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Green</u>	14. NAME OF HUSBAND OR WIFE <u>Antentia F. Cobb</u>
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W.B. Cobb</u>	ADDRESS <u>Trimble Mo.</u>
---	----------------------------------	--	----------------------------

18. CAUSE OF DEATH Enter only one cause per number (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, infection or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>1 yr</u> <u>334 X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
II. 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"/>
------------------------------	--	---

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) _____
--	--	---

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 June 25, 1950, to June 26, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.B. Shelding M.D.</u>	23b. ADDRESS <u>Plattsburg Mo.</u>	23c. DATE SIGNED <u>June 27 1950</u>
--	------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/29/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>W. Negro TRANS</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>June 30, 1950</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Deaver</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Lyon</u>	ADDRESS <u>Plattsburg, Mo.</u>
---	---	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

250

JUL 18 1950

AUG 23 1950



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 Donell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Clinton } ss.

State File No. 19732  
Local Registrar's No. 42

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19<sup>th</sup> day of August, 1950 before me appears D. D. Lyon, who, upon his oath, states that the original record of ~~birth~~ death for Wm B. Cable died June 6, 1950, in the State of Missouri, and which was filed at Jefferson City Mo on June 6, 1950, should be corrected as follows:

- Item No. 8 should read Aug 3 1868  
Instead of Aug 3 1867
- Item No. 9 should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant D. D. Lyon ~~Notary Public~~  
Relationship.

Plattsburg Mo  
Present Address.

Subscribed and sworn to before me this 19<sup>th</sup> day of August, 1950,

My Commission expires Apr 15-1953 W. T. Anderson, Notary Public.