

FILED JUN 27 1950 STANDARD CERTIFICATE OF DEATH

State File No. 77

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg
c. LENGTH OF STAY (If in this place) 6 Wks.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Hospital-Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Lafayette
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington 0540
d. STREET ADDRESS (If rural, give location) Rfd Odessa Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Arthur b. (Middle) Lrroy c. (Last) Cobb

4. DATE OF DEATH (Month) (Day) (Year)
June. 12 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 29 1877

9. AGE (In years last birthday) 72 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) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Lacygne Kan.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Wm. Thomas Cobb

13b. MOTHER'S MAIDEN NAME Permelia L Martin

14. NAME OF HUSBAND OR WIFE Mida Blanch McNeel Cobb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. L. Cobb Odessa Mo.

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) Carcinoma sigmoid Colon
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
?

153X

19a. DATE OF OPERATION 4-5-50

19b. MAJOR FINDINGS OF OPERATION Carcinoma - sigmoid colon Report attached

20. AUTOPSY? YES NO

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)
Warrensburg Johnson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-24-1950 to 6-12-50, 19____, that I last saw the deceased alive on 6-10- 1950, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. F. McKinney MD (Degree or title)

23b. ADDRESS Warrensburg Mo

23c. DATE SIGNED 6-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 14 1950

24c. NAME OF CEMETERY OR CREMATORY Odessa Cem.

24d. LOCATION (City, town, or county) (State) Odessa Mo.

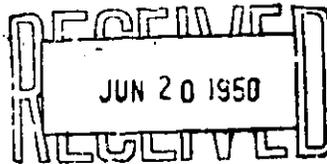
DATE REC'D BY LOCAL REG. June 14, 1950 REGISTRAR'S SIGNATURE Savannah

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rusman Sparks Odessa Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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JOHNSON COUNTY HEALTH DEPT.

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 *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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.