

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22728

BIRTH NO. REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 24

0080

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

1. PLACE OF DEATH a. COUNTY <b>Benton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Iconium (Rural)</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Iconium (Rural)</b>		OR TOWN <b>1080</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexander Township</b>			d. STREET ADDRESS (If rural, give location) <b>Alexander Township</b>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>John</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Cobb</b>	(Month) <b>7</b>	(Day) <b>31</b>	(Year) <b>50</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4/23/1860</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 HRS. Days <b>8</b>	IF UNDER 1 HRS. Hours <b></b>	IF UNDER 1 HRS. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain and stock</b>		11. BIRTHPLACE (State or foreign country) <b>Benton County Mo; 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Alvis Cobb</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Means</b>		14. NAME OF HUSBAND OR WIFE <b>Emily Cobb</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (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>Carl Cobb Iconium Missouri</b>			
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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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Pulmonary edema</b> <b>Chronic myocardial fibrosis</b> DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>unknown</b> <b>4227</b>
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 checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Aug. 1949, to July 29, 1950 that I last saw the deceased alive on July 29, 1950, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward Ross</b>		23b. ADDRESS <b>Iconium, Mo.</b>		23c. DATE SIGNED <b>7-31-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/1/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Iconium</b>		24d. LOCATION (City, town, or county) (State) <b>Iconium Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Aug 1-1950</b>		REGISTRAR'S SIGNATURE <b>Jas A. Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.P. Goodrich Iconium Mo</b>	
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RECEIVED 8-7-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-7-50

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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. B. [Signature]

Licensed Embalmer No. 7038

P. O. Address [Signature] 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.