

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23502**  
**3092**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTRY<br><b>JACKSON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>MISSOURI</b><br>b. COUNTY<br><b>JACKSON</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>KANSAS CITY</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>KANSAS CITY</b>   |  |
| c. LENGTH OF STAY (In this place)<br><b>10 yrs</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>2308 East 9th Street</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>GENERAL HOSPITAL #2</b>                              |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>GLADYS</b><br>b. (Middle)<br>c. (Last) <b>COSBY</b>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>JULY 9 1950</b> |  |  |
| 5. SEX<br><b>FEMALE 3</b>   |  | 6. COLOR OR RACE<br><b>NEGRO</b>             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED 1</b> |  |
| 8. DATE OF BIRTH<br><b>NOVEMBER 11 1917</b>   |  | 9. AGE (In years last birthday)<br><b>32</b> |  | 10. UNDER 1 YEAR Months Days   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>AT HOME</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY            |  | 11. BIRTHPLACE (State or foreign country)<br><b>MINDEN, LOUISIANA</b>      |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |  |  |  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>WALTER WATRESS</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>ELSIE</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>HARPER COSBY</b>                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>No</b>      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>HARPER COSBY 2308 East 9th Street</b> |  |

|  |  |   |  |  |                                  |
|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>FAR ADVANCED PULMONARY TUBERCULOSIS</b>                                    |  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |                                  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |  | <b>DOZK</b>                      |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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)                                     |  |
| 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 6-27-, 1950, to 7-9-, 1950 that I last saw the deceased alive on 7-9, 1950, and that death occurred at 6:15A m., from the causes and on the date stated above.

|   |  |   |  |                                    |  |
|---|--|---|--|------------------------------------|--|
| 23a. SIGNATURE<br><b>E. Frank Ellis, M.D.</b> (Degree or title) |  | 23b. ADDRESS<br><b>600 East 22nd Street</b> |  | 23c. DATE SIGNED<br><b>7-10-50</b> |  |
|---|--|---|--|------------------------------------|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>7/17/50</b>                      |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Blue Ridge Lawn Kansas City, Mo.</b> |  |
| DATE REC'D BY LOCAL REG.<br><b>7-17-50</b>                 |  | REGISTRAR'S SIGNATURE<br><b>Seraldine Holmes</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>1729 Lyden</b>                 |  |

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*L. Jerome Malow*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.