

FILED JAN 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3520**

BIRTH NO. _____ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **6154** Registrar's No. **3**

1030

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) R1 Essex Packland Twp		c. CITY (If outside corporate limits, write RURAL and give township) Essex 1030	
c. LENGTH OF STAY (In this place) 20 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Newton c. (Last) Cobb			4. DATE OF DEATH (Month) (Day) (Year) 1 13 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 17 1876		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 5 Days 28 IF UNDER 6 HOURS Hours 0 Mins. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture		11. BIRTHPLACE (State or foreign country) Essex Mo R1	
13a. FATHER'S NAME Newton Cobb			13b. MOTHER'S MAIDEN NAME Nobie La Rue		14. NAME OF HUSBAND OR WIFE Ada Alice Richman
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. B. Cobb Essex, 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) Rheumatic heart disease			INTERVAL BETWEEN ONSET AND DEATH 2 years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown			416x
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cardiac failure & edema			1 year

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 **Nov**, 1950, to **2 Jan**, 1951, that I last saw the deceased alive on **2 Jan**, 1951, and that death occurred at **3⁰⁰ P m.**, from the causes and on the date stated above.

23a. SIGNATURE J L Waddle m d (Degree or title)		23b. ADDRESS Dexter Mo		23c. DATE SIGNED 15 Jan 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-16-1951	24c. NAME OF CEMETERY OR CREMATORY Dexter	24d. LOCATION (City, town, or county) (State) near Dexter, Mo
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DATE REC'D BY LOCAL REG. Jan. 18. 1951	REGISTRAR'S SIGNATURE Rose Webber	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd M. Russell, Leggett, Ark
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RECEIVED

JAN 22 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russell

Licensed Embalmer No. 509-Ark

P. O. Address Joppat, Ark.

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.