

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11580**
Registrar's No. **373**

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 373	
1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 8117		
d. FULL NAME OF HOSPITAL OR INSTITUTION Smith Rest Home 514 No 10			d. STREET ADDRESS (If rural, give location) 509 North 7th Street. 0		
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) J. c. (Last) Cozad			4. DATE OF DEATH (Month) (Day) (Year) April 4 1951		
5. SEX Male	6. COLOR OR RACE Wht	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret., Cement Worker		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Unk. Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Cozad		13b. MOTHER'S MAIDEN NAME Samantha Shaw	14. NAME OF HUSBAND OR WIFE Leota Cozad		
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leota Cozad		
		ADDRESS St. Joseph, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma					
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostatē					
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 177X			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 2, 1950 , to April 4, 1951 , that I last saw the deceased alive on Mar. 19, 1951 , and that death occurred at 4:40 Am. , from the causes and on the date stated above.					
23a. SIGNATURE <i>Leota Cozad</i> (Degree or Title)			23b. ADDRESS Schneider Building St. Joseph, Missouri		23c. DATE SIGNED 4-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetary		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
DATE REC'D BY LOCAL REG. April 9, 1951		REGISTRAR'S SIGNATURE <i>Carl C. Casper</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Blaney Funeral Home St Joseph, Mo</i> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John Roy Stamer*

Licensed Embalmer No. *24351*

P. O. Address *St Joseph*

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.