

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12518

State File No.

1671

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>3678</u>	
c. LENGTH OF STAY (in this place) <u>36 years</u>		d. STREET ADDRESS (If rural, give location) <u>4109 WARWICK Blvd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4109 WARWICK Blvd</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Celestia</u> b. (Middle) <u>Edith</u> c. (Last) <u>Cobb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-16-1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCT 15, 1890</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Professional DUSTRY Merchants Credit Co</u>		11. BIRTHPLACE (State or foreign country) <u>BATAVIA IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JAMES A. PAYNE</u>		13b. MOTHER'S MAIDEN NAME <u>Celesta E. MARTIN</u>		14. NAME OF HUSBAND OR WIFE <u>Dr CHARLES E. Cobb</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-01-2506</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr CHARLES E. Cobb 4109 WARWICK Blvd 15. Missouri</u>	
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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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Banchogetic Carcinoma</u> 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 <u>10 mos.</u> <u>14 mos.</u> <u>16 1/2 X</u>	
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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)		21e. INJURY OCCURRED WHILE AT WORK <input 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 4-13, 1950, to 4-16, 1951, that I last saw the deceased alive on March 19-51, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. L. Byers</u> (Degree or title) <u>O.M.D.</u>		23b. ADDRESS <u>315 Nichols Rd., K.C. Mo</u>		23c. DATE SIGNED <u>4-16-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>4-17-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O.P. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.</u>	
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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 _____

John B Lewis Jr

Student Embalmer No. *407*

working under my personal supervision.

Student *John B Lewis Jr*
Student Embalmer

Signed *Charles Stickney*

Licensed Embalmer No. *4568*

P. O. Address *NC, 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.