

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27568

BIRTH NO. _____		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 432	
1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Ark. b. COUNTY Jefferson			
b. CITY OR TOWN MARCELINE		c. LENGTH OF STAY (in this place) 20 min		c. CITY OR TOWN Redfield		4030	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) V. c. (Last) COSSEY			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1951				
5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 16, 1928		9. AGE (In years last birthday) 23	Months 0	Days 14
10a. USUAL OCCUPATION (Give kind of work done during years of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Tournapull Damascus, Ark		11. BIRTHPLACE (State or foreign country) 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Vernie Roy Cossey		13b. MOTHER'S MAIDEN NAME Flora Mae Lee		14. NAME OF HUSBAND OR WIFE Julia Inez Cossey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 432-38-6480		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Inez Cossey, Redfield, Ark			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Injuries ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accident with Tournapull 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 45 min.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 061		88220		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy #36 Linn-Macon Co. line		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Macon, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30, 1951 4:15 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tournapull turned over on pt.			
22. I hereby certify that I attended the deceased from July 30, 1951, to _____, 19____, that I last saw the deceased alive on July 30, 1951, and that death occurred at 5:10 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Philip A. Ottman, M.D. (Degree or title)				23b. ADDRESS Marceline, Mo.		23c. DATE SIGNED 7/31/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE July 31-1951	24c. NAME OF CEMETERY OR CREMATORY Redfield Cemetery		24d. LOCATION (City, town, or county) (State) Redfield, Arkansas		
DATE REC'D BY LOCAL REG. 7-31-51		REGISTRAR'S SIGNATURE Mary Jane Owens 401		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. A. Larson, Benton, Mo			

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

580

SEP 1 1951
LPT 4
SEP

Date Received: **AUG 28 1951**
DISTRICT HEALTH OFFICE #2
District File Number, *8-67-1513*
Date Filed: **AUG 28 1951**

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.....
Student Embalmer

Signed *E. J. Larson*

Licensed Embalmer No. *4037*

P. O. Address *Bucklin 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.