

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4011**

FILED MAR 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **219**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY OR TOWN <b>St Joseph</b>		c. CITY OR TOWN <b>Rea Mo 6023</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rose Leon Rest Home 624 Prospect Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>NOVA</b> b. (Middle) <b>EFUMA</b> c. (Last) <b>Cobb</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-23-1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>June 16-1876</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR: Months <b>8</b> Days <b>7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>LEIAN IOWA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Henry Bere Game</b>		13b. MOTHER'S MAIDEN NAME <b>Larah Bryant</b>		14. NAME OF HUSBAND OR WIFE <b>Bert Cobb</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bert Cobb Rea, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUE TO (b) <b>Arteriosclerosis</b>			<b>1 month</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Hypertension</b>			<b>Unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Hypertension and Arteriosclerotic Heart Disease</b>			<b>Unknown</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>		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) m.		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 **Jan 24**, 19**52**, to **Feb 23**, 19**52**, that I last saw the deceased alive on **Feb 24**, 19**52**, and that death occurred at **10:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>William Spelman M.D.</b>		23b. ADDRESS <b>706 Francis</b>		23c. DATE SIGNED <b>2-25-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-26-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SAVANNAH</b>	
24d. LOCATION (City, town, or county) (State) <b>SAVANNAH MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Breit Funeral Home Savannah Mo</b>			
DATE REC'D BY LOCAL REG. <b>Feb. 25, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Coats</b>		446	

PROCESSED BY THE  
STATE BOARD OF HEALTH

**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 *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah, Ga*

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.