

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19555

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 701

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Crawford</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Crawford Twp.</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile North of Faucett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile North of Faucett</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>STELLA</u>	b. (Middle) <u>BRYAN</u>	c. (Last) <u>COGDILL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1952</u>
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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>Aug 18, 1898</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Oceola, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>A. J. Adkins</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Reedy</u>	14. NAME OF HUSBAND OR WIFE <u>J. B. Cogdill</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J. B. Cogdill, Faucett, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Ovary</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>12-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>	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) (m.)	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 Aug 1, 1951, to June 16, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. J. Durham M.D.</u> (Degree or title)	23b. ADDRESS <u>Dearborn Mo</u>	23c. DATE SIGNED <u>6-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Taos Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Taos, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 3, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Custer</u>	444-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Helen Brown</u> ADDRESS <u>Funeral Home St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2110

2110

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175X

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.

Signed William Spalding.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 3145 11th St. Joseph, 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.