

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31301

State File No.

FILED SEP 22 1952

2000

853

BIRTH NO. _____		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. _____	Registrar's No. 853	
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) 1140 CEDAR GAP MO			
c. LENGTH OF STAY (In this place) 12 hours		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL		3. NAME OF DECEASED a. (First) Melvina b. (Middle) Cobb c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) Sept. 15 1952		5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH May 26, 1911		9. AGE (In years last birthday) 41 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (State or foreign country) 0 12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Sparks		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Samuel Bedford Cobb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Elmer J. Cobb ADDRESS Cedar Gap Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) Extensive second and third degree burns on the body and arms and legs and head DUE TO (c) Menopausal syndrome II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION E979X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cedar Gap MO MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9: 45 52 6A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR Patient climbed person to clothes and ignited them by striking a match and touching it to herself			
22. I hereby certify that I attended the deceased from 9/15 , 19 52 , to 9/15 , 19 52 , that I last saw the deceased alive on 9/15 , 19 52 , and that death occurred at 2:40 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward E. Wetzel MD		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 9/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-18-52		24c. NAME OF CEMETERY OR CREMATORY Cedar Gap	
24d. LOCATION (City, town, or county) (State) Webster Co Mo		25. FUNERAL DIRECTOR'S SIGNATURE Robert Bergman ADDRESS _____			
DATE REC'D BY LOCAL REG. 9-18-52		REGISTRAR'S SIGNATURE Edith Williams Registrar			

(Licensed Embalmer's Statement on Reverse Side)

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

2396

MS MAY 22 1959 ST

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 *How A. Farrell*.....

Licensed Embalmer No. *4847*.....

P. O. Address *Manfield, 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.