

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

44658

State File No.

FILED FEB 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>L7E</u>		PRIMARY REG. DIST. NO. <u>5654</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>		c. LENGTH OF STAY (In this place) <u>Native</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Cobbison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>12-7-1870</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J.M. Cobbison</u>			13b. MOTHER'S MAIDEN NAME <u>Melvina Mason</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
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>Bill Stinson</u>		ADDRESS <u>Miller Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall previous 5 days</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>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>055 E9030 20</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Miller Lawrence MO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Miller Lawrence MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 21 1952 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall in room</u>			
22. I hereby certify that I attended the deceased from <u>Dec 26, 1952</u> , to <u>Dec 26, 1952</u> , that I last saw the deceased alive on <u>Dec 26, 1952</u> , and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. J. Holmes MD.</u>				23b. ADDRESS <u>Miller Mo.</u>		23c. DATE SIGNED <u>Dec 26 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sinking Creek</u>		24d. LOCATION (City, town, or county) (State) <u>S.E. of Everton MO.</u>		
DATE REC'D BY LOCAL REG. <u>1-3, 53</u>		REGISTRAR'S SIGNATURE <u>W. S. Bussard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>158 - Morris - Kenian Miller Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed E. R. Geiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.