

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

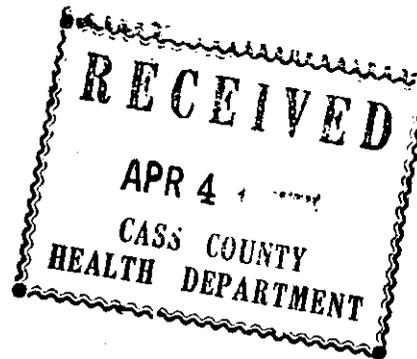
State File No. ....

FILED APR 7 1953

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5224</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grandriver Twp</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grandriver Twp</u>		d. STREET ADDRESS (If rural, give location) <u>8190 5 1/2 mi S.W. of Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home R.P.#5.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26-1953</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Henry</u>			b. (Middle) <u>Cosby</u>		c. (Last) _____		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 24, 1878</u>	
9. AGE (In years last birthday) <u>75</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, except retired) <u>Farmer Active</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Active</u>		11. BIRTHPLACE (State or foreign country) <u>Mason Co Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Zachari Cosby</u>		13b. MOTHER'S MAIDEN NAME <u>Mary L. Dozier</u>		14. NAME OF HUSBAND OR WIFE <u>Eva (Jinks) Cosby</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 ADDRESS <u>Mrs Eva Cosby RR#3 Harrisonville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot through head. self inflicted.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</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 _____		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville Cass Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. V. Murray M.D. Governor</u>				23b. ADDRESS <u>Pleasant Hill, Mo</u>		23c. DATE SIGNED <u>Mar. 26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Mar 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Overford Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Near Harrisonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 29, 1953</u>		REGISTRAR'S SIGNATURE <u>Worral Barward</u>		45710		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harrisonville Mo</u>	

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

190  
1



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.....

*Rayd Atkinson*

Signed.....

Student Embalmer

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.

*me*