

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13034**

FILED MAY 12 1954

BIRTH NO. _____ REG. DIST. NO. **299** PRIMARY REG. DIST. NO. **6028** Registrar's No. **17**

0960

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give town) Lester ville mo.		c. CITY OR TOWN Lester ville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) own home	

0920

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Marcellus c. (Last) Cozine			4. DATE OF DEATH (Month) Apr (Day) 12 (Year) 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 26, 1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years) (If under 1 year last birthday) Months 72 Days 11 Hours 16 Min.	
11a. BIRTHPLACE (City and State or Foreign Country) Reynolds Co. Missouri		12. CITIZEN OF WHAT COUNTRY? 0		

13a. FATHER'S NAME Franklin Cozine	13b. MOTHER'S MAIDEN NAME Margaret Bell	14. NAME OF HUSBAND OR WIFE Annie Cozine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Annie Cozine
		ADDRESS Lester ville mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion of the heart		INTERVAL BETWEEN ONSET AND DEATH
	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	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) Logan township Reynolds mo.
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. R. Buntle, M.D. (Coroner)	23b. ADDRESS Lester ville, mo.	23c. DATE SIGNED 4/15/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE April 14, 1954	24c. NAME OF CEMETERY OR CREMATORY Reynolds cemetery
24d. LOCATION (City, town, or county) (State) Reynolds mo.	25. FEDERAL DIRECTOR'S SIGNATURE Seaton Perwith Van Buren	
DATE REC'D BY LOCAL REG. 4/30/54	REGISTRAR'S SIGNATURE G. M. Hatfield	ADDRESS

Received 5-10-57

Reynolds County Hea

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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.....
Signature of Student Embalmer

Signed Seaton Peritt.....

Licensed Embalmer No. 2287.....

P. O. Address Van Buren.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.