

No. 300  
10.48

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15238**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **67** PRIMARY REG. DIST. NO. **5260** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN "Rural" So. Lynn		c. CITY OR TOWN <b>"Rural" South Lynn</b>	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) <b>41 Yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>R. F. D., Chadwick</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>CHARLOTTE</b>	b. (Middle) <b>D. "Lottie"</b>	c. (Last) <b>COBB</b>	(Month) <b>May</b>	(Day) <b>1</b>	(Year) <b>1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 10-1890</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>63</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - -</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dade County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Edd Dwyer</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Teeters</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas N. Cobb</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thomas N. Cobb, RFD, Chadwick, Mo.</b>	ADDRESS <b>Chadwick, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>acute Coronary thrombosis Sudden</b> DUE TO (c) <b>Diabetes Mellitus 56 years + Arteriosclerosis + thrombophlebitis left leg.</b>		
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)
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 **2/10**, 19**52**, to **4/28**, 19**54**, that I last saw the deceased alive on **4/28**, 19**54**, and that death occurred at **1:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Vincent P. McCormick Jr.</b> (Degree or title)	23b. ADDRESS <b>Ozark Mo</b>	23c. DATE SIGNED <b>5/4/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 5-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chadwick Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Chadwick, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 17, 1954</b>	REGISTRAR'S SIGNATURE <b>Helen Blewins</b> <b>454</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Near Harris</b>	ADDRESS <b>Clever, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *John Alan Harris* .....

Licensed Embalmer No. *439* .....

P. O. Address... *Cleveland, Y.* .....

**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.