

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29496**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **6104** Registrar's No. **40**

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1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Miller</b> c. LENGTH OF STAY (In this place) <b>entire life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>West Miller</b> <b>0990</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>William</b> c. (Last) <b>Cossett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 23, 1954</b>	
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 25, 1892</b>	9. AGE (In years last birthday) <b>61</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Davis Co., Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>William Cossett</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Newland</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Cossett</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>Bessie Cossett</b> ADDRESS <b>Downing, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinomatosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) <b>Primary lesion not found</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1999</b>			

19a. DATE OF OPERATION <b>5/14/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Lymph gland removed from left supra-clavicular fossa. Pathology report--metastatic adenocarcinoma in lymph node. Histological pattern could not be determined.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5/11, 1954**, to **7/23 1954**, that I last saw the deceased alive on **7/23, 1954**, and that death occurred at **10:30 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. E. Sullivan M.D.</b>	23b. ADDRESS <b>Memphis, Missouri</b>	23c. DATE SIGNED <b>8/11/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>July 25, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Barker Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Scotland Co., Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8/14/54</b>	REGISTRAR'S SIGNATURE <b>Vera G. Turner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Leath Burnett</b> ADDRESS <b>Memphis Mo</b>
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(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 Robert C. Gerich

Licensed Embalmer No. 4257

P. O. Address Memphis, 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.