

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40086

State File No.

FILED DEC 20 1954

0089

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

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>5101</u>		Registrar's No. <u>527</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton Alexander Twp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY OR TOWN <u>Bentonville (Rural)</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Bentonville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				e. STREET ADDRESS (If rural, give location) <u>N. Alexander Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARLACE</u> b. (Middle) <u>ALVIS</u> c. (Last) <u>COBB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13 1954</u>				
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>May 13, 1891</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>James Alvis Cobb</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Warren</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Ann Cobb</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Ann Cobb</u> ADDRESS <u>Bentonville</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>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u> <u>6 yrs</u> <u>10 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334 X</u>				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 <u>never</u> , 19 <u> </u> , to <u>never</u> , 19 <u> </u> , that I last saw the deceased alive on <u>never</u> , and that death occurred at <u>16:20</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold B. Walker, owner</u>				23b. ADDRESS <u>3 Col. Camp Mo</u>		23c. DATE SIGNED <u>12/15/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 16, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/17/54</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Leon Warsaw</u> ADDRESS			

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 H. Rosen

Licensed Embalmer No. *40*

P. O. Address *Wauasa*

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.