

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1485

BIRTH NO. <u>36844-54</u>		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>10</u>					
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>7 1/2 Mos.</u>		c. CITY OR TOWN <u>Carl Junction</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn-Hospital</u>				e. STREET ADDRESS <u>0</u>				0990 1			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RONNIE</u>			b. (Middle) <u>FRED</u>		c. (Last) <u>COBB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 22 1955</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>6-7-1954</u>		9. AGE (in years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>15</u>	Hours <u></u>	Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fred Cobb</u>			13b. MOTHER'S MAIDEN NAME <u>Wanda Rainey</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wanda Rainey Cobb, Carl Junction, Mo.</u>				ADDRESS <u></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>Gastro Enteritis</u>				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) <u>chicken - pox</u>				DUE TO (c) <u></u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>087X</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) (Min.)		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>Jan 21, 1955</u> , to <u>Jan 22, 1955</u> , that I last saw the deceased alive on <u>Jan 22, 1955</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>W. E. Fisher M.D.</u>				23b. ADDRESS <u>Carl Junction Mo</u>				23c. DATE SIGNED <u>1-24-1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Muncie Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheaton, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>1-24-'55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Honey</u>					ADDRESS <u>Carl Junction, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 55-1-52
Date Filed FEB 1 1955

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 *J. Harvey E. Bruce*
Licensed Embalmer No. 446

P. O. Address *Wash. D.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.