

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3727

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 374 | | PRIMARY REG. DIST. NO. 4352 | | Registrar's No. 10 | |
| 1. PLACE OF DEATH a. COUNTY Worth | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan 1130 | | | |
| c. LENGTH OF STAY (In this place) 9 yrs. | | | | d. STREET ADDRESS (If rural, give location) 0 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Mary | | b. (Middle) Etta | | c. (Last) Cossins | |
| | | | | 4. DATE OF DEATH | | Jan. 23, 1955 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH May 9, 1872 | |
| 9. AGE (In years last birthday) 82 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 11. BIRTHPLACE (City and State or Foreign Country) Kansas | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME Franklin Barber | | 13b. MOTHER'S MAIDEN NAME Nancy Jane Peckenpaugh | | 14. NAME OF HUSBAND OR WIFE Lafayette Cossins | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Clarence Arthur Cossins - Sheridan, 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. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 36 hrs 10yrs | |
| 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) (Minute) | |
| 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 1-7- , 1952, to 1-23- , 1955, that I last saw the deceased alive on 1-22- , 1955, and that death occurred at 1p m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Frank B. Matteson, M.D. (Degree or title) | | | | 23b. ADDRESS Grant City, Mo. | | 23c. DATE SIGNED 1-26-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-26-1955 | | 24c. NAME OF CEMETERY OR CREMATORY Sheridan Cemetery | | 24d. LOCATION (City, town, or county) (State) Sheridan Missouri | |
| DATE REC'D BY LOCAL REG. 1-29-1955 | | REGISTRAR'S SIGNATURE Letta E. Dawson | | 25. FUNERAL DIRECTOR'S SIGNATURE Bill Decker - Grant City, Mo. | | ADDRESS | |

(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 _____

Licensed Embalmer No. 4908

P. O. Address East City, Va.

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.