

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12093

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 35

|  |  |  |  |   |   |   |  |  |
|--|--|--|--|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Taney</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>Taney</u> |   |   |  |  |
| b. CITY (If outside corporate limits, give rural and give town) <u>Hollister</u>   |  | c. LENGTH OF STAY (in this place) <u>130 days</u>  |  | c. CITY OR TOWN <u>Branson</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>St. Joseph Hospital</u>   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>216 W. Pacific St. 1060</u>  |   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>William</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Cogswell</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-56</u> |   |   |   |  |  |
| 5. SEX <u>M</u>  |  | 6. COLOR OR RACE <u>W</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>  |   | 8. DATE OF BIRTH <u>Jan. 20-1903</u>  |  |  |
| 9. AGE (In years last birthday) <u>53</u>  |  | IF UNDER 1 YEAR Months _____ Days _____  |  | IF UNDER 12 HRS. Hours _____ Min. _____   |   |   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Edward Walker Construction Co. - Pittsburg, Kansas</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____              |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>1</u> |   | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |  |
| 13a. FATHER'S NAME <u>Samuel E. Cogswell</u>   |  |  | 13b. MOTHER'S MAIDEN NAME <u>Agnes A. Telfer</u>     |   | 14. NAME OF HUSBAND OR WIFE <u>single</u>                   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes - WW-2</u>  |  | 16. SOCIAL SECURITY NO. <u>431-18-261</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Agnes A. Cogswell</u> ADDRESS <u>Branson, Mo.</u>  |   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | <p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain injury, chest injury</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>automobile accident</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> |  |   |   |   |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |
| 21a. ACCIDENT (Specify) <u>accident on highway 65</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hollister Taney MO</u>   |   |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-21-56 4:30 p.m.</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <u>Car accident</u>  |   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>3-21</u> , 19 <u>56</u> , to <u>3-21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>56</u> , and that death occurred at <u>4:42 p.m.</u> , from the causes and on the date stated above. |  |  |  |   |   |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Lee D. Bennett M.D.</u>  |  |  |  | 23b. ADDRESS <u>Branson, MO.</u>  |   | 23c. DATE SIGNED <u>3-23-56</u>   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>3-24-56</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Grub Memorial Park</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>   |  |  |
| DATE REC'D BY LOCAL REG. <u>3/24/56</u>  |  | REGISTRAR'S SIGNATURE <u>Aileen Campbell</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel Funeral Home</u> ADDRESS <u>Branson MO</u>   |   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1956

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 *Minnie J. Wheeler*

Licensed Embalmer No. *22*

P. O. Address *Princeton*

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