

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23246

State File No. _____

FILED AUG 15 1956

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN <u>Rural-Watkins typ</u>)		c. CITY OR TOWN <u>Lenox</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		• STREET ADDRESS (If rural, give location) <u>Lenox So. Lenox 4 miles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>-</u>	c. (Last) <u>Cosgrave</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>July 20 1956</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov 5th 1890</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kans</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Not available</u>	13b. MOTHER'S MAIDEN NAME <u>Not available</u>	14. NAME OF HUSBAND OR WIFE <u>not available</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earnest Park</u> ADDRESS <u>Lenox Mo</u>
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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 <u>None</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 7/20, 1956, to 7/20, 1956, that I last saw the deceased alive on 7/20, 1956 and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>Roy Mitchell M.D.</u>	23b. ADDRESS <u>Salem Mo</u>	23c. DATE SIGNED <u>7/21/56</u>
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24a. BURIAL PREPARATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Maples Mo</u>
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DATE RECD BY LOCAL REG. <u>8/20/56</u>	REGISTRAR'S SIGNATURE <u>Roy Mitchell M.D.</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Spencer Salem Mo</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed..... *Ad H. Spruins*

Licensed Embalmer No..... *93*

P. O. Address..... *Salem, M.*

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.