No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37260

State File No.

BIRTH NO. 74581-56 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 31

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

1. PLACE OF DEATH
a. COUNTY: CAPE Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (in this place): 30 MIN.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CAPE OSTEOPATHIC HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: RURAL- Kelso
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): RFD #1 - CHAFFEE, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) DONALD b. (Middle) DAVID c. (Last) COBB

4. DATE OF DEATH (Month) (Day) (Year): DEC-4-1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: OCT. 10-1956
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months 1 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): CHAFFEE, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: GILBERT EARL COBB
13b. MOTHER'S MAIDEN NAME: EMMA LOU PURDUE
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: GILBERT E. COBB - CHAFFEE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Asthmaticus — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) multiple allergies (Severe) — 6 wks.
DUE TO (c) Peripheral Vascular Collapse — 30 min.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Embriological Anomalies.
1.) Hypertrophic Duodenal Cap.
2.) Patent Foramen Oval

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 241X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 10-10, 1956, *to* 12-4, 1956, *that I last saw the deceased alive on* 12-4, 1956, *and that death occurred at* 11:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Wehmeyer DO.
23b. ADDRESS: Chaffee, Missouri
23c. DATE SIGNED: 12/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-5-1956
24c. NAME OF CEMETERY OR CREMATORY: UNION PARK CEMETERY
24d. LOCATION (City, town, or county) (State): CHAFFEE, MISSOURI

DATE REC'D BY LOCAL REG.: 12-7-56
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: BISPLINGHOFF FUNERAL HOME CHAFFEE, Mo.

(Licensed Embalmer's Statement on Reverse Side)

44-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack I. Burnett

Licensed Embalmer No. 447

P. O. Address Chaffee, Mo

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