

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40033

STATE FILE NUMBER

FILED NOV 26 1956

Registration District No. 312 Primary Registration District No. 547H Registrar's No. 2627

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton Kirkwood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Pilot Knob</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital DOA</b>			Length of stay in lb			d. STREET ADDRESS (If outside, give location) <b>Local</b>	
3. NAME OF DECEASED (Type or print) <b>Jackie Dean Cozine</b>				4. DATE OF DEATH <b>Nov. 5, 1956</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 4, 1938</b>	
9. AGE (In years last birthday) <b>18</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		11. BIRTHPLACE (City and state or country) <b>Lesterville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Construction Co.</b>		11. BIRTHPLACE (City and state or country) <b>Lesterville, Mo.</b>	
13. FATHER'S NAME <b>Delmar Cozine</b>				14. MOTHER'S MAIDEN NAME <b>Minnie Funk</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Delmar Cozine, Pilot Knob, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Internal injury as a direct result of</b>  Conditions, if any, which gave rise to above cause: (a) <b>auto accident trauma</b> DUE TO (b) <b>auto accident trauma</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) <b>Lost control of truck which left the road, ran</b>					
20c. TIME OF INJURY Hour <b>2:57</b> Month, Day, Year <b>11 5 56</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) <b>into a ditch, overturned pinning him underneath</b>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>near Antonia</b>		20g. COUNTY <b>Jefferson</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Arnold J. Hillmann</b> (Degree or title) <b>Coroner</b>				22b. ADDRESS <b>Clayton, Missouri</b>		22c. DATE SIGNED <b>11/9/56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-6-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Arstadia Valley Memorial Park</b>		23d. LOCATION (City, town, or county): <b>Ironton, Mo.</b> (State)	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			25. DATE RECD. BY LOCAL REG. <b>11-6-56</b>		26. REGISTRAR'S SIGNATURE <b>Herbert R. Donk MD</b>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard non-removable ink. Coroner certifies to a death due to natural causes. Diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

00 56

3

24701

21.

no

no

no

x

no

no

x

no

no

no

no

no

x

no

**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 *Edmond K. Radwell*.....

Licensed Embalmer No. 40

P. O. Address *St. Louis*.....

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.

I hereby certify that the above is a true and correct copy of the original.