Health, Welfare Public Service

300 1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 19 1956

STATE FILE NUMBER 40497

Registration District No. 13 Primary Registration District No. 5056 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fairview (Corciana) — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Near Fairview, Mo. — Length of stay in 1b: 8 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barry
c. CITY OR TOWN: Stark City 0050 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 Miles N.W. Fairview Mo. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILEY Middle Last COSBY

4. DATE OF DEATH Month Day Year: Dec. 8, 1956

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH: Aug. 1860

9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months 4, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Fayetteville, Ark. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: Mandy King

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 Address: Mrs. Mary Salsman, Stark City, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Mins.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Cardio-Vascular-Renal Syndrome — 10 years

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Prostatism 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-27 54 p, to 12/8/56 and last saw her ~~him~~ alive on 5/30/56. Death occurred at 2:06 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Harris DO

22b. ADDRESS: Purdy Mo

22c. DATE SIGNED: 12/10/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 10/56

23c. NAME OF CEMETERY OR CREMATORY: Purdy Cemetery

23d. LOCATION (City, town, or county) (State): Purdy, Missouri

24. FUNERAL DIRECTOR ADDRESS: J. D. Buchanan Monett, Mo.

25. DATE RECD. BY LOCAL REG.: 12-14-56

26. REGISTRAR'S SIGNATURE: Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

13-0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1256-207

DATE REC. 12-17-56

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. H. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett,

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.