

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28822
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. James Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Whiting Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>One M. N. Of E. Prairie</u>				Length of stay in lb <u>55 Years</u>		d. STREET (If outside, give location) ADDRESS <u>Rt. 1 East Prairie Mo.</u>	
3. NAME OF DECEASED (Type or print) <u>Dick Cobb</u>				First <u>Middle</u> <u>Last</u>		4. DATE OF DEATH <u>8-7-57</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 28-1900</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (City and state or country) <u>Boxville Ky.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operated Cr. Store & Rest.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Operated Gr. & Rest.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>J. M. Cobb</u>				14. MOTHER'S MAIDEN NAME <u>Alice D. Moorhead</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>Mrs. Eddy M. Cobb Rt. 1 East Prairie Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. (a) <u>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u> </u>						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Diabetes Mellitus</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Mar 4, 1955</u> to <u>July 17, 1957</u> and last saw her alive on <u>July 17, 1957</u> Death occurred at <u>11:30</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u> Gordon C. Henshell M.D.</u>				22b. ADDRESS <u>East Prairie Mo</u>		22c. DATE SIGNED <u>8-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>8-9-57</u>		<u>Anniston Cemetery</u>		<u>Anniston Mo. Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Travis Shelby Jr. East Prairie Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-15-57</u>		26. REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>	

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed 8-22-57

SEP 6 1957

AUG 23 1957

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 Travis Shelby
Licensed Embalmer No. 49

P. O. Address East

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.