

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026365  
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 78

S. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marion Township</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>6730 Ritchey</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>Rest Union Rest H.</b>		Length of stay in 1b <b>2 wks.</b>	d. STREET ADDRESS (If outside, give location) <b>None</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Virgil</b> Middle <b>Cassius</b> Last <b>Cobb</b>			4. DATE OF DEATH Month <b>July</b> Day <b>9</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 1, 1886</b>	9. AGE (In years birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Frankfort, Kansas / USA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Euclid M. Cobb</b>	13b. MOTHER'S MAIDEN NAME <b>Ella A. Beming</b>	14. NAME OF HUSBAND OR WIFE <b>Lorena B. Cobb</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-09-5311</b>	17. INFORMANT Address <b>Mrs. Lorena B. Cobb Ritchey, Mo.</b>
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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>Cerebral Anoxia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>21 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cardiac Failure 331X</b>		<b>10 days</b>
	DUE TO (c) <b>Cardiac Decompensation</b>		<b>10 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>pt suffered a C.V.R. on June 25<sup>th</sup> 1958</b>		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.)
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20c. TIME OF INJURY Hour <b>1:00</b> a.m. <b>1:00</b> p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>Newtonia, Missouri</b>
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21. I attended the deceased from Death occurred at <b>1:00 pm July 7, 1958</b> to <b>July 9, 1958</b> and last saw him alive on <b>July 7, 1958</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>John Doe</b> (Degree or title) <b>2</b>	22b. ADDRESS <b>Newtonia, Mo.</b>	22c. DATE SIGNED <b>July 10, 1958</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-12-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newtonia I.O.O.F.</b>	23d. LOCATION (City, town, or county) (State) <b>Newtonia, Missouri</b>
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24. FUNERAL DIRECTOR <b>Floyd E. Shewmake Jr.</b> ADDRESS <b>Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>7/14/58</b>	26. REGISTRAR'S SIGNATURE <b>Melvin C. Bowman, M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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RECEIVED

District Health Officer No. Newton

District File Number 758-151

Date Filed JUL 18 1958

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

Floyd E. Skumbe

Licensed Embalmer No. 4923

P. O. Address Box 38, Granby, Mo.

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.