Health,
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034118
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8928

1. PLACE OF DEATH
a. COUNTY: Masonic Home of Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Masonic Home of Mo — Length of stay in 1b: 3-15-58 to 9-14-58

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis, Missouri — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 5351 Delmar Blvd — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Louie; Middle: ; Last: Cozad
4. DATE OF DEATH: Month 9; Day 14; Year 58
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-7-1866
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 10, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Zexia, Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Sampson Cozad
14. MOTHER'S MAIDEN NAME: Anna M. Black
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Masonic Home of Mo. 5351 Delmar Blvd (Address)

MEDICAL CERTIFICATION

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 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriorsclerosis — unknown
DUE TO (c): 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
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 3-29-58, to 9-14-58 and last saw her alive on 9-13-58
Death occurred at 6:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Harold E. Walters M.D.
22b. ADDRESS: 3720 Washington St. Louis Mo.
22c. DATE SIGNED: 9-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-14-58
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Cassville, Mo.
24. FUNERAL DIRECTOR: Albert H. Hoppe — ADDRESS: 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: SEP 16 '58
26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Elton R H Remelius

Licensed Embalmer No. 42

P. O. Address St. Lou

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.