

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035315
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

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

FILED SEP 17 1958 Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City 4547 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Near Allendale 1130 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Grant City Nursing Home INSTITUTION		d. STREET ADDRESS (If outside, give location) North of Allendale Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Dawson Last Costin		4. DATE OF DEATH Sept. 2, 1958 Month Sept. Day 2 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4, 1877 9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Worth County, Missouri 12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME John Costin		14. MOTHER'S MAIDEN NAME Louisa Asher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT N. F. Costin - Bethany, Missouri Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c) 4221			INTERVAL BETWEEN ONSET AND DEATH 6hrs 10yrs
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Hour Month, Day, Year a. m. a. m. p. m. p. m.			
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 1948 to Sept 21 and last saw her alive on sept 1 Death occurred at 1am m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank P. Matzson MD (Degree or title)		22b. ADDRESS Grant City, Mo	22c. DATE SIGNED 9/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Sept. 4, 1958	23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery	23d. LOCATION (City, town, or county) (State) Grant City, Missouri
24. FUNERAL DIRECTOR Bill Dwyer - Grant City ADDRESS		25. DATE RECD. BY LOCAL REG. Sept 9 - 1958	26. REGISTRAR'S SIGNATURE Keta E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

MS JAN 27 1960

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 *Bill A. Dwyer*
Licensed Embalmer No. *4*

P. O. Address *Brook*
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.