

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036743

STATE FILE NUMBER

FILED OCT 22 1958

Registration District No. 150

Primary Registration District No. 4241

Registrar's No. 220

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Grove		c. CITY OR TOWN Oak Grove	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City		d. STREET ADDRESS (If outside, give location) City	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Edith Cogdill		4. DATE OF DEATH Month Day Year Oct 16 1958	
5. SEX fm	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 Feb 3 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Linn Creek Mo
13a. FATHER'S NAME Sam Mc Cormick		13b. MOTHER'S MAIDEN NAME Mary ! Unknown	14. NAME OF HUSBAND OR WIFE Grotus Cogdill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Grotus Cogdill Oak Grove 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) Fracture neck of femur left Fracture right neck humerus left DUE TO (b) Shock DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 10 days 36 hrs
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"/>
20a. ACCIDENT <input checked="" 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.) Fell in home striking left hip & left shoulder on floor.		
20c. TIME OF INJURY Hour a.m. p.m. 2 a.m. Oct. 1, 1958	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Oak Grove, Mo. Jackson		
21. I attended the deceased from Oct. 1, 1958 to Oct. 15, 58 and last saw her alive on Oct. 15, 1958 Death occurred at 2:20 A.M. Oct. 16, 58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. Lester M.D.		22b. ADDRESS Oak Grove Mo	
22c. DATE SIGNED 10/16-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE OCT 18 1958	23c. NAME OF CEMETERY OR CREMATORY Holliness Cem	23d. LOCATION (City, town, or county) (State) Oak Grove Mo
24. FUNERAL DIRECTOR W bbFuneral Home		25. DATE RECD. BY LOCAL REG. 10-16-58	26. REGISTRAR'S SIGNATURE MB Langford

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *William Freer*

Licensed Embalmer No. *4753*

P.O. Address *Philly*

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.