

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043167

STATE FILE NUMBER

FILED JAN 9 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 276

300
-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Wellsville ⁰⁷⁰⁰	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain		d. STREET ADDRESS (If outside, give location) Kregal	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EDWIN BERT COBB			4. DATE OF DEATH Month Day Year Dec. 22, 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 Feb 11, 1875
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 10 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Callaway County, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Stella P. Cobb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. RICHARD		Address Arnold, Cameron, 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) Typhoid			INTERVAL BETWEEN ONSET AND DEATH 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4222F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture left hip			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.) Fall at home		
20c. TIME OF INJURY Hour Month, Day, Year a.m. Dec 18, 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.) Home	20f. CITY, TOWN, OR LOCATION Wellsville	
COUNTY Montgomery		STATE Mo	
21. I attended the deceased from Dec 18, 1958 to Dec 22, 1958 and last saw him alive on Dec 22, 1958 Death occurred at 3:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Benjamin G. Kelly M.D.		22b. ADDRESS 112 N. Clark, Eminence, Mo	22c. DATE SIGNED 12/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/26/1958	23c. NAME OF CEMETERY OR CREMATORY High Point
23d. LOCATION (City, town, or county) Callaway, County, Mo.		(State)	
24. FUNERAL DIRECTOR A. B. Wells	ADDRESS Wellsville, Mo.	25. DATE RECD. BY LOCAL REG. Dec 26-1958	26. REGISTRAR'S SIGNATURE Blanche Neely

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
BENJAMIN G. KELLY M.D.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Howard J. Myers*
Licensed Embalmer No. *2149*
P. O. Address *Wellesville*

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.