

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## =60-024105

FILED JUN 29 1960

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 87

7-5-60  
 7-5-60  
 June 17, 1960  
 June 18, 1960  
 June 21, 1960  
 as amended  
 BY AFFIDAVIT OF attending physician

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Pulaski</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville, Mo.</b>		Length of stay in 1b <b>14 1/2</b> days		c. CITY OR TOWN <b>St. Louis, MO</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>Way. Gen. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>9501 Eudora.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Elbert</b> Middle <b>J.</b> Last <b>Cobb.</b>				4. DATE OF DEATH Month <b>June</b> Day <b>17</b> Year <b>1960</b>									
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>5/30/1919</b>		9. AGE (last birthday) <b>41</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pate Marker.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Commerical.</b>		11. BIRTHPLACE (City and state or country) <b>Kennett, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>William Cobb.</b>				13b. MOTHER'S MAIDEN NAME <b>Margaret Brent.</b>				14. NAME OF HUSBAND OR WIFE <b>Evelyn Cobb.</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes. War II.</b>				16. SOCIAL SECURITY NO. <b>497 10 4377</b> <del>Unknown</del>		17. INFORMANT Address <b>9501 Eudora. St. Louis, Mo. St.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>										<b>10 min</b>			
DUE TO (b) <b>diffuse myocarditis</b>										<b>30 yrs.</b>			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)									
20c. TIME OF INJURY Hour Month, Day, Year a.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 <b>6-8-60</b> to <b>6-17-60</b> and last saw him alive on <b>6-17-60</b> Death occurred at <b>2:30 a.m. 9:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>J. E. Nichols M.D.</b>				22b. ADDRESS <b>Waynesville, Mo.</b>				22c. DATE SIGNED <b>6-18-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6/18/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>							
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b> ADDRESS <b>Way, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>6-18-60</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Clarence Frost*

Licensed Embalmer No.

4896

P. O. Address

Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.