

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038311

FILED 1960 OCT 27 1960 149 Primary Registration District No. 1002 Registrar's No. 4829 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo.		Length of stay in 1b 7 days	c. CITY OR TOWN DeSoto, Ks.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Hospital			Inside Limit Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Albert Henry Middle Cobb Last Cobb			4. DATE OF DEATH Month 9 Day 24 Year 60		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 4, 1893,	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 67 Days 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Huntsville, Alabama	
13a. FATHER'S NAME James Cobb		13b. MOTHER'S MAIDEN NAME Minerva Butler		14. NAME OF HUSBAND OR WIFE Minnie Cobb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown)		16. SOCIAL SECURITY NO. —		17. INFORMANT Address Raymond Cobb Bethelam, Pa.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Generalized lymphadenopathy and jaundice DUE TO (c) Probable lymphoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input 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 8:50 a.m. / p.m. Month, Day, Year 9-17-60		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.) VA		20f. CITY, TOWN, OR LOCATION DeSoto, Mo.		COUNTY	STATE
21. I attended the deceased from 9-17-60 to 9-24-60 Death occurred at 8:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. H. OWINGS, M.D.			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 9-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/24/60	23c. NAME OF CEMETERY OR CREMATORY DeSoto, Cem		23d. LOCATION (City, town, or county) DeSoto, Ks.	
24. FUNERAL DIRECTOR Roy Bruce Gardner, Ks.			25. DATE RECD. BY LOCAL REG. 9-24-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 Roy Bruce

Licensed Embalmer No. 1989

P. O. Address Tard...

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.