

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016446

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. 4041 Registrar's No. 20

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUN 13 1961

1. PLACE OF DEATH  
 a. COUNTY Bollinger  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glen Allen Length of stay in lb Life  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Glen Allen Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
MARCUS LEE COBB 6-3-1961

5. SEX M. 6. COLOR OR RACE W. 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 12-4-84 9. AGE (last birthday) 76-- IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm 10b. KIND OF BUSINESS OR INDUSTRY Bollinger County 11. BIRTHPLACE (City and state or country) U.S. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John W. Cobb 13b. MOTHER'S MAIDEN NAME Josephine Breckenridge 14. NAME OF HUSBAND OR WIFE None

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. No 17. INFORMANT M. A. Cobb, Glen Allen, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:  
 PART I. IMMEDIATE CAUSE (a) Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH  
 DUE TO (b) Cardiovascular disease  
 DUE TO (c) Atherosclerosis  
 Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last.

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 6-1/61 to 6/3/61 and last saw her alive on 6/3/61  
 Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Mayo MD 22b. ADDRESS Lutesville Mo 22c. DATE SIGNED 6/5/61 (Sign)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-5-61 23c. NAME OF CEMETERY OR CREMATORY New trace creek cem. 23d. LOCATION (City, town, or county) Glen allen, Mo

24. FUNERAL DIRECTOR ADDRESS Gene Ward Tuberville 25. DATE RECD. BY LOCAL REG. 6/8-61 26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

JUN 14 1961

**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 R.O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.