

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005095

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 6098 Registrar's No. 47

AMENDED

FILED JAN 26 1962

1. PLACE OF DEATH a. COUNTY SCHUYLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH LIBERTY	Length of stay in 1b 1 Mo.	c. CITY OR TOWN CARTHAGE,	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLARENCE Middle FRED Last COZAD	4. DATE OF DEATH Month JANUARY, Day 22, Year 1962
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 14, 1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 11 Days 8	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE COBBLER	10b. KIND OF BUSINESS OR INDUSTRY SHOE COBBLER	11. BIRTHPLACE (City and state or country) SCHUYLER COUNTY	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JAMES MILTON COZAD	13b. MOTHER'S MAIDEN NAME MARY FRANCES BOATMAN	14. NAME OF HUSBAND OR WIFE EVA FRANCIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NO	17. INFORMANT OMER COZAD Address NEOSHO, MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH years years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic glomerulonephritis	
	DUE TO (c) Atherosclerosis	
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 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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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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
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21. I attended the deceased from 1-13-62 to 1-22-62 and last saw ^{her}him alive on 1-22-62
Death occurred at 6:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H.R. Stokes, D.O.	22b. ADDRESS Lancaster, Missouri	22c. DATE SIGNED 1-22-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/24/62	23c. NAME OF CEMETERY OR CREMATORY DARBY CEMETERY	23d. LOCATION (City, town, or county) (State) N/E LANCASTER, MISSOURI
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24. FUNERAL DIRECTOR NORMAN FUNERAL HOME, LANCASTER, MO. ADDRESS 	25. DATE RECD. BY LOCAL REG. Jan. 24, 1962	26. REGISTRAR'S SIGNATURE Clarence Shepherd
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

Permit obtained Jan. 24, 1962

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

David E. Factor

Licensed Embalmer No. 4742

P. O. Address St. Louis, 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.