

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006279

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 44

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAR 8 1962**

1. PLACE OF DEATH  
 a. COUNTY Grundy  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Length of stay in lb 2 years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitfields Nursing Home Inside Limits  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Gentry  
 c. CITY OR TOWN Stanberry Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Grotus Vanmeter Cogdill Feb. 23, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-18-76 9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days Hours IF UNDER 24 HR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Blacksmith 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Stanberry, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William D. Cogdill 13b. MOTHER'S MAIDEN NAME Jane Hardin 14. NAME OF HUSBAND OR WIFE Hattie Dine

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. [redacted] 17. INFORMANT Address Mrs. Jewitt Grubbe Trenton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Chronic Myocardia  
 DUE TO (b) Myocardial Regeneration  
 DUE TO (c) Arteriosclerosis  
 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  N.  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 a.m. p.m. 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 July 1960 to 2/25/62 and last saw her/him alive on Feb 25 1962. Death occurred at 1:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E J [redacted] (Degree or title) 22b. ADDRESS Trenton Mo 22c. DATE SIGNED 7/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-26-62 23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery 23d. LOCATION (City, town, or county) (State) Gentry Co., Mo.

24. FUNERAL DIRECTOR Gips on-Whitaker ADDRESS Trenton, Mo. 25. DATE RECD. BY LOCAL REG. 2-25-62 26. REGISTRAR'S SIGNATURE Gene Fair

**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 *Leo S. Whitaker*

Licensed Embalmer No. 4780

P. O. Address Freemont, 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.