

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021112
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 159

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| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Deepwater</u> | | c. CITY OR TOWN <u>Deepwater</u> | |
| Length of stay in lb <u>20 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ | | d. STREET ADDRESS (If outside, give location) _____ | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>ERNEST</u> Last <u>COBB</u> | | | 4. DATE OF DEATH Month <u>JUNE</u> Day <u>23</u> Year <u>1959</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 26, 1882</u> | 9. AGE (last birthday) <u>76</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and state or country) <u>Bentonville, MO</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>JAMES A. Cobb</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alice Means</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>MARTHA O. Cobb</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>495-07-9697</u> | |
| 17. INFORMANT <u>MARTHA O. Cobb</u> | | Address <u>Deepwater, Mo.</u> | | | |

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| 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) <u>Myocardial Insufficiency</u> | | | <u>minute</u> |
| DUE TO (b) <u>Acute coronary occlusion</u> | | | <u>minute</u> |
| DUE TO (c) <u>Generalized arteriosclerosis</u> | | | <u>1 year</u> |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Seizure</u> | | 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 | |
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| 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 _____ 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 _____ |
| 21. I attended the deceased from <u>6-15-59</u> to <u>6-23-59</u> and last saw him alive on <u>6-23-59</u> Death occurred at <u>10:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE <u>Clinton L. Glasgow D.O.</u> | | 22b. ADDRESS <u>105 E. Ohio Clinton Mo</u> | | 22c. DATE SIGNED <u>4/23/89</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>JUNE 25, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Trays Chapel Cemetery</u> | 23d. LOCATION (City, town, or county) <u>HENRY COUNTY Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Melvin L. JANSSENS Deepwater, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-25-59</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FORM 30 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin L. Janssens

Licensed Embalmer No. 452

P. O. Address Appleton

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