

AUG 14 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24868

Do not use this space.

1. PLACE OF DEATH  
(a) County Adair Registration District No. 4  
(b) Township Wicksville Primary Registration District No. 3001 Registered No. 177  
(c) City Wicksville (d) Street No. Grim-Smith Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 10 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marylou Cosby  
(a) Residence, No. \_\_\_\_\_ St.  Green City Mo  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. T. Cosby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 4 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Madison Co. Mo.  
(STATE OR COUNTRY)

FATHER 13. NAME Wm. Rojifer

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Susan Hicks

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

17. INFORMANT W. D. Cosby  
(ADDRESS) Wicksville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE mt Olivet DATE July 21, 1939

19. FUNERAL DIRECTOR (NAME) Wm. E. Kent & Son  
(ADDRESS) Green City, Mo.

20. FILED July 19, 1939 Spencer L. Freeman  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939, to July 19, 1939

I last saw him alive on July 19, 1939. Death is said to have occurred on the date stated above, at 335 p.m.

The principal cause of death and related causes of importance were as follows:

General arterio sclerosis Date of onset

99

Other contributory causes of importance:

Acchlorhydria (DR)

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

3 (Signed) E. S. Smith, M. D.  
(Address) Wicksville

RECEIVED

District Health Officer No. 10

District File Number

839-1443

AUG 10 1959

Date Filed

---

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**