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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7583  
Registrar's No. 91

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH  
a. COUNTY Callaway  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton  
c. LENGTH OF STAY (in this place) 3 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hosp #1 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 4  
d. STREET ADDRESS (If rural, give location) Co Home 1

3. NAME OF DECEASED  
a. (First) HARRY b. (Middle) \_\_\_\_\_ c. (Last) COBER

4. DATE OF DEATH (Month) (Day) (Year)  
Mar 20 1949

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8 0

8. DATE OF BIRTH 1895

9. AGE (In years last birthday) 54

IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Fulton Kans

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME dK

13b. MOTHER'S MAIDEN NAME dK

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) dK

16. SOCIAL SECURITY NO. dK

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Ho. Records Fulton Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) chr. myocarditis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. gen. arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH  
YES  NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
ln 20

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1949, to 3-20, 1949 that I last saw the deceased alive on 3-19, 1949 and that death occurred at 1:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Caldwell M.D.

23b. ADDRESS State Hosp Fulton Mo

23c. DATE SIGNED 3/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Removal Mar 22-49

24c. NAME OF CEMETERY OR CREMATORY anatomical Burial

24d. LOCATION (City, town, or county) (State) Columbia Mo

DATE RECD BY LOCAL REG. Mar 22 1949

REGISTRAR'S SIGNATURE Joan Moseickhoff

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Roberts Columbia Mo

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed MAR 28 1949

**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 .....  
Student Embalmer

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, fact should be so stated above.