

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9201**  
Register's No. **35**

BIRTH NO. _____		REG. DIST. NO. <b>157</b>		PRIMARY REG. DIST. NO. <b>3028</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>		c. LENGTH OF STAY (If in place) <b>44 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>		0493 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1126 So. Maple</b>			d. STREET ADDRESS (If rural, give location) <b>1126 So. Maple</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary N.</b>		b. (Middle) <b>Siegfried</b>		c. (Last) <b>COZAD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 13, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 19, 1879</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Tower Hill, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Henry Siegfried</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Middleton</b>		14. NAME OF HUSBAND OR WIFE <b>Walter E. Cozad</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter E. Cozad 1126 S. Maple Carthage, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH years
			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.		<b>4222</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>21 Jan '50, 19</b> , to <b>13 Feb '50</b> , that I last saw the deceased alive on <b>13 Feb '50, 19</b> , and that death occurred at <b>8 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>H. B. Clinton, M.D.</b>			23b. ADDRESS <b>Carthage Mo.</b>		23c. DATE SIGNED <b>14 Feb '50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-16-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>
DATE REC'D BY LOCAL REG. <b>2-16-1950</b>		REGISTRAR'S SIGNATURE <b>L. B. Clinton, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ulmer Funeral Home Carthage, Mo.</b>	

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

RECEIVED 2-21-50  
Jasper County Health Office

County File Number 50-2-111

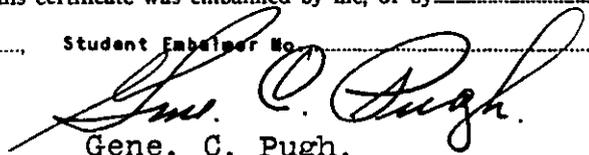
Date Filed 3-13-50

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed   
Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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 this body is not embalmed, fact should be so stated above.