

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21229
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6006 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cairo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cairo</u>	
c. LENGTH OF STAY (in this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1 Cairo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #1 Cairo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>COBB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June-26-1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug-15-1888</u>	9. AGE (in years last birthday) <u>61</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	11. IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during course of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Madison County Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>Jackson Colib</u>		13b. MOTHER'S MAIDEN NAME <u>Leora Cobb</u>		14. NAME OF HUSBAND OR WIFE <u>Yestude Cobb</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. W. Cobb</u> ADDRESS <u>R.F.D. #1, Cairo, Mo.</u>	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Depression</u>		DUE TO (b) <u>Hypertension</u>				33 4 X	
ANTECEDENT CAUSES		DUE TO (c) <u></u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u></u>					

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
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22. I hereby certify that I attended the deceased from July, 1945, to June 26, 1950, that I last saw the deceased alive on June 17, 1950 and that death occurred at 1000 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lo Nickel, M.D.</u>		23b. ADDRESS <u>Madison, Mo.</u>		23c. DATE SIGNED <u>6/27/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>		24d. LOCATION (City, town, or county) (State) <u>Cairo</u>	
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DATE REC'D BY LOCAL REG. <u>6-27-50</u>		REGISTRAR'S SIGNATURE <u>Lo Nickel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>How Funeral Home</u> ADDRESS <u>Madison, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

