

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5210

0540

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

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4268</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mayview - Rural</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mayview - Rural</u>		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi S. West</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi South West</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>S</u> c. (Last) <u>Cobbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-24-1951</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept-20-1892</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 2 WKS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>		11. BIRTHPLACE (State or foreign country) <u>Carrollton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wm. S. Cobbs</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Webb</u>		14. NAME OF HUSBAND OR WIFE <u>Sophia S Cobbs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Sophia Cobbs Mayview Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Approx 1 yr</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Verisio by person at Kansas City Mo. Hospital.</u>					
		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						<u>153X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Oct 24, 1950</u> , to <u>Feb 24, 1951</u> , that I last saw the deceased alive on <u>Feb 24, 1951</u> , and that death occurred at <u>10:55 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. E. F. Slaughter D.O.</u>				23b. ADDRESS <u>Osessa Mo</u>		23c. DATE SIGNED <u>Feb 24 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 26-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc Crestee Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Norbon Mo</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Will Funeral Home Blue Springs Mo</u>			

RECEIVED 3-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 3-7-51 -----

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.

Signed.....
Student Embalmer

Signed

R B Webb

Licensed Embalmer No. 2303

P. O. Address *Blue Springs 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.