

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11515

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 16

0080

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

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bentonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alexander Township</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0080</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Glen</u> c. (Last) <u>COBB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1951</u>		
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>MAY 30, 1901</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>
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>Benton Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES ALVIS COBB</u>		13b. MOTHER'S MAIDEN NAME <u>MARY WARE</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Cobb</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Cobb Bentonville Mo</u>					

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>Pneumonia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>General Weakness</u> DUE TO (c) <u>Cancer of Kidney & Lung</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

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)		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 Feb 19 51 to April 16 1951, that I last saw the deceased alive on April 16 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. R. Easton</u>		23b. ADDRESS <u>do Weathers Mo</u>		23c. DATE SIGNED <u>April 18 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 18 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Schubert Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jas. A. Logan</u>		25. ADDRESS <u>23 F. Ken - Warson</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 18 1951</u>		REGISTRAR'S SIGNATURE			

RECEIVED 4-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-24-51 _____

MAY 1 1951

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 John J. Reser
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.