

FILED MAY 1 1951 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

State File No. 11851
Registrar's No. 37

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

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural (Riverside)</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural</i>	
c. LENGTH OF STAY (In this place) <i>2 months</i>		d. STREET ADDRESS (If rural, give location) <i>one mile East Millerwell</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>4 mile East Millerwell</i>			

3. NAME OF DECEASED a. (First) <i>RAY</i> b. (Middle) <i>OLIVER</i> c. (Last) <i>COBBLE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 24, 1951</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>April 28, 1884</i>	9. AGE (In years last birthday) <i>67</i>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <i>Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>near Millerwell</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>George Cobble</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Bell Kinder</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Harry Cobble Jackson III</i>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gun Shot Wounded in</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>The head from a 38 Pistol</i>		
	DUE TO (c)		
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	<i>E 976 X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home R.F.D. 2</i>	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <i>Cape Girardeau Cape Girardeau Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>April 24 51 P.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Gun Shot Wounded from 38 Pistol</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. B. Trickett</i>	(Degree or title) <i>Coroner</i>	23b. ADDRESS <i>4 S. Pacific St Cape Girardeau Mo</i>	23c. DATE SIGNED <i>April 26-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>April 26 51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Russell Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Jackson Mo</i>
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DATE REC'D BY LOCAL REG. <i>Apr 25-51</i>	REGISTRAR'S SIGNATURE <i>D. E. Suber</i>	43	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Miller</i>	ADDRESS <i>Jackson</i>
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RECEIVED

APR 30 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *Herbert C. Bennett*

Signed.....

Student Embalmer

Licensed Embalmer No. *4327*

P. O. Address *Washington, Md.*

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.