

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>	
c. LENGTH OF STAY (In this place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Morehouse, Mo.</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Morehouse, Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amos</u> b. (Middle) <u>Cossey</u> c. (Last) <u>Cossey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-9-1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 16, 1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>24</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>agricultural</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Artie Cossey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dewey Savage, Morehouse, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u> <u>5/9/51</u>
	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. <u>Lobar Pneumonia</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) <u>490X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3:30</u> m.	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 4-4-51, to May 9, 1951, that I last saw the deceased alive on May 4, 1951, and that death occurred at 2 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. Brandon, M.D.</u> (Degree or title)	23b. ADDRESS <u>Cooper, Mo.</u>	23c. DATE SIGNED <u>5-12-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>
24d. LOCATION (City; town, or county) (State) <u>Sikeston, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>5/26-51</u>	REGISTRAR'S SIGNATURE <u>Thomas M. Shetter</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor</u>	ADDRESS <u>Sikeston, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

INSTRUCTIONS TO EMBALMERS TO BE FURNISHED BY THE DISTRICT HEALTH OFFICE

RECEIVED

MAY 29 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John R. Bidmon*  
Licensed Embalmer No. *4531*  
P. O. Address *Sikeston, 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.