

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2057

State File No.

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 11

1. PLACE OF DEATH
 a. COUNTY Mississippi
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt, Rural
 c. LENGTH OF STAY (In this place) 11 Years
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence, Wyatt, Mo. Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Mississippi
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt, Rural
 d. STREET ADDRESS (If rural, give location) Wyatt, Mo.

3. NAME OF DECEASED
 a. (First) Hannah b. (Middle) Paris c. (Last) Cossey

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 21, 1952

5. SEX: Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March, 15, 1872

9. AGE (In years last birthday) 79
 # UNDER 1 YEAR: Months _____ Days _____
 # UNDER 11 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Marshall, Ark.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Gray

13b. MOTHER'S MAIDEN NAME Polly Parks

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME T. H. Cossey, Wyatt, Mo. ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarct
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Chronic Myocardial degeneration
 DUE TO (c) Coronary infarct
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 hrs.
3 yrs.
3 yrs.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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)
Wyatt, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb. 1949, to Jan. 21, 1952, that I last saw the deceased alive on Jan. 21, 1952, and that death occurred at 12:55A m., from the causes and on the date stated above.

23a. SIGNATURE T. P. Fenton (Degree or title) DO

23b. ADDRESS T. P. Fenton, D. O. Wyatt, Missouri

23c. DATE SIGNED 1/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/22/52

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State) Charleston, Mo.

DATE REC'D BY LOCAL REG. 1-29-51

REGISTRAR'S SIGNATURE Mrs. L. M. Kilgore

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
The Dan Lee Funeral Chapel, Charleston, Mo.

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

670

JAN 30 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed FEB 1 1952

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *John T. Hummel*
Licensed Embalmer No. 3851
P. O. Address Charleston, W. Va.

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.