

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7235
45

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	c. LENGTH OF STAY (In this place) <u>16 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower Mo 0900</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County</u>		d. STREET ADDRESS (If rural, give location) <u>600 N. Monroe</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emmett</u>	b. (Middle) <u>Wayne</u>	c. (Last) <u>Cobb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1952</u>
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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>April 4, 1903</u>	9. AGE (In years last birthday) <u>48</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 22 HRS. Hours _____ Min. _____
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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>General Duty</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery County, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elbridge Cobb</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Rowley</u>	14. NAME OF HUSBAND OR WIFE <u>Genevieve George Cobb</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Genevieve Cobb</u> ADDRESS <u>Bellflower, MO.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Standstill</u>		<u>Several minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Bronchopneumonia</u> DUE TO (c) _____		<u>2-3 years</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 <u>162X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 12, 1952, to March 14, 1952, that I last saw the deceased alive on March 14, 1952, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold S. Lawford, M.D.</u>	23b. ADDRESS <u>117 E. Monroe Mexico Mo</u>	23c. DATE SIGNED <u>March 15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellflower, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Bellflower, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 16 1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alford A. Jones</u> ADDRESS <u>Bellflower Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Blanca Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower, 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.