

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8095

FILED MAR 17 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Transient b. COUNTY - - -	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Rural; S. Campbell Twp.	c. LENGTH OF STAY (In this place) 1 yr. 3 mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Transient	0390
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		d. STREET ADDRESS (If rural, give location) - - -	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) James	b. (Middle) Ormsby	c. (Last) Costin	March	7,	1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 10, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Costin	13b. MOTHER'S MAIDEN NAME Margaret Holcroft	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME File-MCFP, Springfield, Missouri	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, ashenia, 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) Thrombosis of blood vessel of brain.		DUE TO (b) Hypertensive cardio-vascular disease		2 1/2 yrs. ?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION XXXXXX	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXXXX	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXX	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXXXXXXX a.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 The Medical Staff attended the deceased from Nov. 9, 1950, to Mar. 7, 1952, that I last saw the deceased alive on Mar. 7, 1952, and that death occurred at 10:45 pm., from the causes and on the date stated above.

23a. SIGNATURE E. C. Rinck (Degree or title) E. C. Rinck, M.D., Clinical Director	23b. ADDRESS Medical Center for Fed. Prisoners, Springfield, Mo.	23c. DATE SIGNED 3-10-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 3-11-52	24c. NAME OF CEMETERY OR CREMATORY - - -	24d. LOCATION (City, town, or county) (State) Edwards, Mo.
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DATE REC'D BY LOCAL REG. 3-10-52	REGISTRAR'S SIGNATURE James K. Reno	25. FUNERAL DIRECTOR'S SIGNATURE Wm. E. ... ADDRESS ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48
90
2

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.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4594

P. O. Address. Springfield

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.