

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21098**

FILED JUL 7 1952

5675
 4205

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BIRTH NO.		REG. DIST. NO. 181	PRIMARY REG. DIST. NO. 4205	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		c. LENGTH OF STAY (in this place) 1 WK.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Hurricane township 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Nursing Home		d. STREET ADDRESS (If rural, give location) 5 mile west of Elsberry		
3. NAME OF DECEASED (Type or Print) Marion		a. (First)	b. (Middle) Gilmer	c. (Last) Cobb
4. DATE OF DEATH (Month) (Day) (Year) June 22, 1952				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 18, 1871	9. AGE (in years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) near Auburn, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Andrew J. Triplett		13b. MOTHER'S MAIDEN NAME Nancy Berry		14. NAME OF HUSBAND OR WIFE Geo. H. Cobb
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 Vaughn Cobb - Los Angeles, Calif.	
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) UREMIA ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 MO URS.
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 6-17, 1952 , to 6-22, 1952 , that I last saw the deceased alive on 6-21, 1952 , and that death occurred at 10¹⁵ P.M. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		(Degree or title)	23b. ADDRESS Elsberry Mo	23c. DATE SIGNED 6/23/52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/24/52	24c. NAME OF CEMETERY OR CREMATORY New Hope	24d. LOCATION (City, town, or county) (State) RFD - Elsberry, Mo.
DATE REC'D BY LOCAL REG. 7-3-52		REGISTRAR'S SIGNATURE Mrs. Clarence Kirtz		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Elsberry, Mo.

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

DEC 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. _____

4017

P. O. Address _____

Edsberry, 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.