

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37805**

FILED DEC 1 1952 BIRTH NO. REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5129** Registrar's No. **1207**

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-Platte		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-Platte 0110	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 MILE EAST DEARBORN		d. STREET ADDRESS (If rural, give location) 5 MILE EAST DEARBORN	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) ELIZABETH c. (Last) COZINE			4. DATE OF DEATH (Month) (Day) (Year) 11-9-52
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 4-30-1869
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) BUCHANAN CO. MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME T. P. BRUCE		13b. MOTHER'S MAIDEN NAME NANCY J. BAUGHMAN	
14. NAME OF HUSBAND OR WIFE JOHN COZINE		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 TOM BRUCE ADDRESS DEARBORN, MO	
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) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Hemiplegia DUE TO (c) Second hemorrhage of brain 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 352x	
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 Nov 9, 1952 to Nov 9, 1952 that I last saw the deceased alive on Nov 9, 1952 and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE M. H. Moore MD (Degree or title)		23b. ADDRESS Dearborn Mo	
23c. DATE SIGNED Nov 21-52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 11-11-52		24c. NAME OF CEMETERY OR CREMATORY DAVIS CHAPEL CEM.	
24d. LOCATION (City, town, or county) (State) PLATTE CO. MO		25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN-AUFRANC ADDRESS DEARBORN MO	
DATE REC'D BY LOCAL REG. Nov. 22, 1952		REGISTRAR'S SIGNATURE Carl C. Casper ADDRESS 446	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10.48

VS
AUG 11 1969

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.