

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

269

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">2410 Walnut St.</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2410 Walnut St.</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Sophia</p>			b. (Middle) <p style="text-align: center;">Minerua</p>			c. (Last) <p style="text-align: center;">Cozad</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">January 23, 1953</p>			
5. SEX <p style="text-align: center;">female</p>		6. COLOR OR RACE <p style="text-align: center;">white</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>		8. DATE OF BIRTH <p style="text-align: center;">January 21, 1869</p>			9. AGE (in years last birthday) <p style="text-align: center;">84</p>		<input type="checkbox"/> UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">housewife</p>				10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">own home</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Kansas</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>			

13a. FATHER'S NAME <p style="text-align: center;">Levi Lockwood</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Sophia Cozad</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">George</p>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>			16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>			17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">George Cozad, 2410 Walnut, St. Joseph, Mo.</p>			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, 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>Chronic Myocarditis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Intermittent Asthma</u>							yes	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Emphysema</u>							yes	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Non-arteriosclerosis</u>							months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
									241X	

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) 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 I attended the deceased from 1948, 19 , to Dec 17, 1952, that I last saw the deceased alive on 12 17 1, 1952, and that death occurred at 7:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;"><i>M. E. Greener</i></p>		(Degree or title)		23b. ADDRESS <p style="text-align: center;">St. Joseph, Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">1-24-53</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">1/26/1953</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Memorial Park Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph Missouri</p>	

DATE REC'D BY LOCAL REG. <p style="text-align: center;">Jan 29, 1953</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Paul C. Cozad</i></p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;"><i>Horton Bowman</i></p>		ADDRESS <p style="text-align: center;">Funeral Home St. Joseph, Mo.</p>	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Memphis

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.