

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 4256 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>JOHNSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HOLDEN, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HOLDEN</b>	
c. LENGTH OF STAY (In this place) <b>12 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>WEST FIFTH ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>MARION</b>	c. (Last) <b>COBB</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 22, 1953</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 1, 1867</b>	9. AGE (In years last birthday) <b>85</b>	If UNDER 1 YEAR Months Days Hours Min.	If UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ELM, MO; JOHNSON CO., MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JASPER N. COBB.</b>	13b. MOTHER'S MAIDEN NAME <b>POLLY ANN MCGEE</b>	14. NAME OF HUSBAND OR WIFE <b>MARY WOLFENBARGER COBB</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. MARY COBB, HOLDEN, MO.</b>
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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) <b>Chronic Myocarditis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gen. Arteriosclerosis</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Kelly Rawlins, M.D.</b>	23b. ADDRESS <b>Holden Mo.</b>	23c. DATE SIGNED <b>6/23/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-24, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HOLDEN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>HOLDEN, MO.</b>
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DATE REC'D BY LOCAL REG. <b>6-25-53</b>	REGISTRAR'S SIGNATURE <b>Mr. James Redford</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E.B. Cast, Holden, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2510  
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RECEIVED  
JUN 30 1953  
JOHNSON COUNTY HEALTH DEPT.

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

*E.B. Cant*

Licensed Embalmer No. 4059

P. O. Address Hollis, 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.