V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45143
State File No.

FILED JAN 18 1954

BIRTH NO. REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5835 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - Shoal Creek
c. LENGTH OF STAY (In this place): Allife
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt#4 Box 138, Joplin, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0470 1
d. STREET ADDRESS (If rural, give location): Rt#4 Box 138., Joplin, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Cloie
b. (Middle): Ethelyn
c. (Last): Cogbill

4. DATE OF DEATH (Month) (Day) (Year): 12-28-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-8-1886
9. AGE (In years last birthday): 67 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Newton County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Samuel Harned
13b. MOTHER'S MAIDEN NAME: Louisa Kelley
14. NAME OF HUSBAND OR WIFE: Leslie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Leslie Cogbill Rt#4 Box 138., Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lung abscess — 6 weeks
DUE TO (c) Venous Infection — 3 mo

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: 0969
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 10, 1953, *to* Dec 28, 1953, *that I last saw the deceased alive on* Dec 20, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Manco M.D. (Degree or title)
23b. ADDRESS: Neosho, Mo
23c. DATE SIGNED: 12-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-2-1954
24c. NAME OF CEMETERY OR CREMATORY: Saginaw Cemetery
24d. LOCATION (City, town, or county) (State): Saginaw, Missouri

DATE REC'D BY LOCAL REG.: 1-4-54
REGISTRAR'S SIGNATURE: Ted Di James 224 by Dolores Lampkins Dep.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 1253-237

Date Filed JAN 15 1954

NEOSHO, MISSOURI

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 Louis a. Thomkiel

Signed .....
Student Embalmer

Licensed Embalmer No. 3590.

P. O. Address Joplin 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.