

FILED AUG 10 1954  
 DELAYED

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **45715**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 2134

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>St. Francois</u> (If outside corporate limits, write RURAL and give township) <u>St. Francois Twp</u>	c. LENGTH OF STAY (in this place) <u>Rural</u>	c. CITY OR TOWN <u>Flat River</u> (If outside corporate limits, write RURAL and give township) <u>0942</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4 Stone</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Mrs. Clara</u>	a. (First) <u>Clara</u>	b. (Middle) <u>Josie</u>	c. (Last) <u>Cozear</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White-Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 25-1891</u>	9. AGE (In years last birthday) <u>62-2-21</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. near Capitan, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Mr. John Hoffman Haney</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Amanda Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Frank Cozear</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Frank Cozear</u>	ADDRESS <u>Flat River, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>several years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteoplasia</u> DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 May 17, 1953, to June 16, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Pably, D.O.</u> (Degree or title)	23b. ADDRESS <u>Flat River, Mo.</u>	23c. DATE SIGNED <u>6/16/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 18-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Snowdenville Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Cornwall, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 4, 1954</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>323 Chestnut St Flat River, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 1

**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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Chestnut St. Phila Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.