

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1967

FILED JUL 13 1954

State File No. _____
Registrar's No. 294

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>576</u>		Registrar's No. <u>294</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>					
b. CITY OR TOWN <u>Oakwood Miller Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oakwood Miller Twp</u>		d. STREET ADDRESS (If rural, give location) <u>0640 rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u>			b. (Middle)		c. (Last) <u>Cockfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 29 54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Feb. 1 - 1856</u>	9. AGE (In years last birthday) <u>98</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>British Guiana</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>No record</u>			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Essie Cockfield</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Wm McDaniel</u>				ADDRESS <u>Hannibal Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <u>Arteriosclerotic Heart</u>					
				DUE TO (c) <u>Dissecting</u>				<u>1 year</u>	
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		<u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Conilla M.H.</u>				23b. ADDRESS <u>707 Bolway</u>				23c. DATE SIGNED <u>7/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-4</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>			
DATE REC'D BY LOCAL REG. <u>7/7/54</u>		REGISTRAR'S SIGNATURE <u>Dr. M. W. Tucker</u>		189- 25. FEDERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u>		ADDRESS <u>Hann.</u>			

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1906

RECEIVED _____
MARION CO. HEALTH DEPT.
DATE FILED DEC 12 1906

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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.