

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26131

State File No.

FILED SEP 15 1954

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>250</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Kirksville</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Downing,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>R.O.H.</u>				e. STREET ADDRESS (If rural, give location) <u>R. F. D. 0990</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Cossel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 31, 1910</u>		9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Cossel</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Becraft</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. II</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glen Cossell, Ft. Madison, Iowa.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound fracture of skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Spinal cord</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>Near 63rd Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Queen City Schuyler Mo. 098</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 9 1954 12:25 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision of two motor vehicles</u>			
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>12:25 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert B. Davis</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>9-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/13/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barker</u>		24d. LOCATION (City, town, or county) (State) <u>Scotland County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-10-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Samuel C. By Kirksville Mo</u>			

SEP 20 1954

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.....
Signature of Student Embalmer

Signed *James H. Dooly*.....

Licensed Embalmer No. *461*.....

P. O. Address *Quincy, Ill.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.