

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37789

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>173</u>	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. LENGTH OF STAY (In this place) 6 HRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		d. STREET ADDRESS (If rural, give location) 3123 EAST 10TH	
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) OPAL			b. (Middle) LORENE		c. (Last) COSSEY		4. DATE OF DEATH (Month) (Day) (Year) DEC. 4, 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 10, 1907		9. AGE (In years) (Month) (Day) (Year) 47	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) ORONOGO, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) ORONOGO, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN C. LONG			13b. MOTHER'S MAIDEN NAME MARY LEADER		14. NAME OF HUSBAND OR WIFE JAKE COSS EY (DEC'D)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUSSELL MORRISON, 3117 E. 10TH Joplin			
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>As a result of</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Interstitial Nephritis</u> DUE TO (c) <u>Steep Horn Calculus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left kidney 602 x 10yrs.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>Eye</u>	
19a. DATE OF OPERATION <u>March 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Right Steep Horn Calculus Removed</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 <u>March 1954</u> to <u>Dec 4, 1954</u> , that I last saw the deceased alive on <u>Dec 4, 1954</u> , and that death occurred at <u>3123 E. 10th</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Morrison MD</u>			23b. ADDRESS <u>Joplin Mo</u>			23c. DATE SIGNED <u>12-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-8-54	24c. NAME OF CEMETERY OR CREMATORY WEAVER		24d. LOCATION (City, town, or county) (State) ORONOGO, MISSOURI			
DATE REC'D BY LOCAL REG. 12-7-54	REGISTRAR'S SIGNATURE <u>Max Madeline Switzer</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			

