

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8864

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>MILLER 0661</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER 0661</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FRANKLIN 0</u>	
c. LENGTH OF STAY (in this place) <u>2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi - S - E - ELDON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West - 12th ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>COSGROVE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH - 25 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>24 Aug 1868</u>
9. AGE (In years last birthday) <u>86</u>	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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel-mill</u>	
11. BIRTHPLACE (State or foreign country) <u>New-York City - N.Y.</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>KATHERYN - COSGROVE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MATILDA KENNEY</u>		ADDRESS <u>ELDON Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure and general debility of old age.</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>None</u>	
21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>3/24</u> , 19 <u>55</u> , to _____, 19____, that I last saw the deceased alive on <u>24 MARCH</u> , 19 <u>55</u> , and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Scott J. Murrell, M.D.</u>		23b. ADDRESS <u>ELDON Mo</u>	
23c. DATE SIGNED <u>26 March 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>27 March 55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>		24d. LOCATION (City, town, or county) (State) <u>ELDON Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 26, 1955</u>		REGISTRAR'S SIGNATURE <u>Blweratta Waltz</u>	
52. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u>		ADDRESS <u>ELDON Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

30

1955

APR 24 1955

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

Keith M. Kays

Licensed Embalmer No. *3998*

P. O. Address

Eldon 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.