

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4707

FILED MAR 1 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 359

I. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (If this place) 3 wks.
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Arkansas b. COUNTY Crawford
 c. CITY OR TOWN Van Buren
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 1116 Cherry 903rd S

3. NAME OF DECEASED
 a. (First) BLANCHE b. (Middle) AGNES c. (Last) COSGROVE
 (Type or Print)

5. SEX Female **6. COLOR OR RACE** White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 21 - 1892
9. AGE (In years last birthday) 63 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and State or Foreign Country) Edina, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Will Clark **13b. MOTHER'S MAIDEN NAME** Elizabeth Bush **14. NAME OF HUSBAND OR WIFE** Mark A. Cosgrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Mark A. Cosgrove **ADDRESS** Van Buren, Ark

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Abdominal Carcinomas
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Localized Carcinoma of ovary
 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. 175X
INTERVAL BETWEEN ONSET AND DEATH 1952

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Pathologist 1952 to June 25, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., on the _____ causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr (Degree or title) _____ **23b. ADDRESS** St. Joseph Hospital **23c. DATE SIGNED** 26 June 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** 1-27-1956 **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION** (City, town, or county) Van Buren, Arkansas (State) _____

DATE REC'D BY LOCAL REG. 1-26-56 **REGISTRAR'S SIGNATURE** Neva Marshall **25. FUNERAL DIRECTOR'S SIGNATURE** C. H. Blackman **ADDRESS** San Inc.

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

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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..... *Bert B. Bennet*

Licensed Embalmer No. *4654*

P. O. Address..... *K.C. Ga*

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.