

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3580**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY MACON	
b. CITY (If outside corporate limits, write RURAL and give town or township) KIRKSVILLE	c. LENGTH OF STAY (If this place) 6 days	c. CITY OR TOWN ELMER	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION LAUGHLIN HOSPITAL		STREET ADDRESS (If rural, give location) (NONE)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) OMA	b. (Middle)	c. (Last) COSBY	(Month) 2	(Day) 17	(Year) 57
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH July 1985		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and State or Foreign Country) ATLANTA, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIE COSBY		13b. MOTHER'S MAIDEN NAME LUCY McDONALD		14. NAME OF HUSBAND OR WIFE MATTIE COSBY	
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Willie Cosby Do Bend			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis	ANTECEDENT CAUSES			2-10-57	
DUE TO (b) Coronary atherosclerosis	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			to 2-17-57	
DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS			_____	
_____	Conditions contributing to the death but not related to the disease or condition causing death.			Coronary heart failure	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ELMER MO 2	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? —	
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22. I hereby certify that I attended the deceased from **2-11**, 19**57**, to **2-17**, 19**57**, that I last saw the deceased alive on **2-17**, 19**57**, and that death occurred at **1:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. G. Rhoads D.O.		23b. ADDRESS KIRKSVILLE, MO.		23c. DATE SIGNED 2-17-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIED	24b. DATE 2-19-57	24c. NAME OF CEMETERY OR CREMATORY ELMER	24d. LOCATION (City, town, or county) (State) ELMER - MO		
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DATE REC'D BY LOCAL REG. 2-26-1957	REGISTRAR'S SIGNATURE Dana W. Pattiff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shes W. Gauding - Atlanta, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~ Thos. H. Goodding, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Thos. H. Goodding

Licensed Embalmer No. 398

P. O. Address Atlanta, 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.