

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4064  
STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty-Rural</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Platte City</u>		0830 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Loof Hosp</u>				Length of stay in 1b <u>2 WKS</u>		d. STREET ADDRESS (If outside, give location) <u>R 3</u>	
3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>DOBAN</u> Last <u>DOBAN</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>6</u> Year <u>1957</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 27-1879</u>	9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Meriden Conn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James M. Costa</u>				14. MOTHER'S MAIDEN NAME <u>Mary E. Gresham</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Mrs. Edna Yates - Platte City, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>endocarditis affecting tricuspid valve - curvule to right</u> DUE TO (c) <u>4214</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Small white kidneys - (Severe mental depression)</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Jan 29<sup>th</sup></u> to <u>Feb 6</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>2/6/57</u> Death occurred at <u>6:05</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. J. Woodson</u> (Degree or title)				22b. ADDRESS <u>Liberty, Mo</u>		22c. DATE SIGNED <u>2/6/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Jan-6-57</u>		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Platte City</u>		23d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>		
24. FUNERAL DIRECTOR <u>McCombs Funeral Home</u> ADDRESS <u>Smithville, Mo</u>			25. DATE REC'D. BY LOCAL REG. <u>2-8-57</u>		26. REGISTRAR'S SIGNATURE <u>Nebel Graham</u>		

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, Public Service  
300  
7-56  
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAR 29 1957

**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 *John L. ...*

Licensed Embalmer No. *44*

P. O. Address *Liberty*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**