

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006327
STATE FILE NUMBER

FILED MAR 12 1958

Registration District No. 181 Primary Registration District No. 5675 Registrar's No. 18

300
-57

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before- a. STATE Missouri b. COUNTY Lincoln)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hurricane twm		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Elsberry		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) John D Cobb			4. DATE OF DEATH Month 2 Day 18 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/8/1884		9. AGE (In years of birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY Butcher		11. BIRTHPLACE (City and state or country) New Hope, Lincoln, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME E. Andrew Cobb		13b. MOTHER'S MAIDEN NAME Sarah Jane Cannon	
14. NAME OF HUSBAND OR WIFE Obinetta Brown Cobb		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. 493-05-7386	
17. INFORMANT Obinetta Cobb Elsberry, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 7 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. _____					
20d. INJURY OCCURRED WHILE AT <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 Feb. 26, 1956 to Feb. 19, 1958 and last saw him alive on Feb. 18, 1958 Death occurred at 11:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert M. Hull, M.D. (Degree or title)		22b. ADDRESS Elsberry, Mo.		22c. DATE SIGNED Feb. 19, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/20/1958		23c. NAME OF CEMETERY OR CREMATORY Elsberry City Cemetery	
				23d. LOCATION (City, town, or county) (State) Elsberry, Lincoln, Missouri	
24. FUNERAL DIRECTOR Clifton Miller, Elsberry, Mo.			25. DATE RECD. BY LOCAL REG. 3/11/1958		26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms or signs of any disease in Part I must be causally related.

MAR 20 1958

SEP 28 1962

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 *Clifton Miller*

Licensed Embalmer No. *3364*

P. O. Address *Elstony, TN*

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.