t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026549
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 282 Primary Registration District No. 4425 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY: POLK
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): MORRISVILLE — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: POLK
c. CITY OR TOWN: MORRISVILLE 0840 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: LOUIZA Middle: Last: COSSIN
4. DATE OF DEATH: Month: JUNE Day: 28 Year: 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: APRIL 16-1889
9. AGE (In years last birthday): 69 — 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: HOME
11. BIRTHPLACE (City and state or country): BUFFALO - MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JOHN W. BROWN
13b. MOTHER'S MAIDEN NAME: MARY GARNER
14. NAME OF HUSBAND OR WIFE: CHARLEY E. COSSIN
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.: NONE
17. INFORMANT: CHARLEY COSSIN Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis Old & New
DUE TO (c) Arteriosclerosis 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1952, to June 28, 1958 and last saw her alive on June 28, 1958.
Death occurred at 10:30 p.m. from the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): M. H. Lumbrey M.D.
22b. ADDRESS: Bolivar Mo.
22c. DATE SIGNED: 7-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-3-58
23c. NAME OF CEMETERY OR CREMATORY: Morrisville Cemetery
23d. LOCATION (City, town, or county) (State): Morrisville - Missouri

24. FUNERAL DIRECTOR: Brim - Daniel - Walnut Grove. Mo. ADDRESS
25. DATE REC'D BY LOCAL REG.: July 10, 1958
26. REGISTRAR'S SIGNATURE: Ralph Borden per Jewell Hall
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Doyle L. Dowell

Licensed Embalmer No. 4702

P. O. Address Ash Grove

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.