

Health,  
Welfare  
Public  
Service

Released for Autopsy

THE DIVISION OF HEALTH OF MISSOURI

58-041412

by Mr. Taylor (Coroner) STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10881

300-0  
1-57  
3

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Vinita Park St. Louis 4270
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's DOA		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 27 8341 Garfield
3. NAME OF DECEASED (Type or print) First Middle Last Michael Terry Cobb		4. DATE OF DEATH Month Day Year 11 12 58	
5. SEX Male o	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-9-58
9. AGE (In years last birthday)		10. UNDER 1 YEAR Month 2 Day 3	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Kirkwood, Mo. 6
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Luther Thomas Cobb	
13b. MOTHER'S MAIDEN NAME Wilma Berry		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Luan Lehr, 500 S. Kingshighway
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic cardiac failure DUE TO (b) Cong. heart disease - bicuspid aetria DUE TO (c) 754.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH life life
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>Dead on Arrival at 7<sup>12</sup> a.m.</u> and last saw her/him alive on <u>11-12-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Richard H. Taylor M.D.</i>		22b. ADDRESS 500 S. Kingshighway	22c. DATE SIGNED 11-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-12-58	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Fredericktown, Mo.
24. FUNERAL DIRECTOR Najim Funeral Home, Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. NOV 12 '58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith Mo</i> mrb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 1 1958

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  .....  
Licensed Embalmer No. ....  
P. O. Address .....

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.