

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009329
STATE FILE NUMBER
1238
REGISTRAR'S NUMBER

FILED MAR 26 1959 Registration District No. 149 Primary Registration District No. 1002

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Hosp. | | d. STREET ADDRESS 6111 Agnes | |
| Length of stay in 1b 1 1/2 Mos. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Clinton Middle Eugene Last COBB | | | 4. DATE OF DEATH Month March Day 7 Year 1959 | | |
|--|--|--|--|--|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|--|--|
| 5. SEX Male | 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 1-14-1959 | 9. AGE (In years last birthday) 1 Months 23 Days | IF UNDER 1 YEAR Hours 0 Min. | IF UNDER 24 HRS Hours 0 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---|---|--------------------------------------|
| 13a. FATHER'S NAME Fred E. Cobb | 13b. MOTHER'S MAIDEN NAME Carol Sue Stevenson | 14. NAME OF HUSBAND OR WIFE ----- |
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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. None | 17. INFORMANT Fred E. Cobb | Address 6111 Agnes K. C., Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure | | INTERVAL BETWEEN ONSET AND DEATH 2 DAYS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CONGENITAL HEART DISEASE DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7345 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 _____ a.m. _____ p.m. | |

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| 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 _____ |
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21. I attended the deceased from **1-14-59** to **3-7-59** and last saw ^{him} alive on **3-6-59**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Gerald E. Hughes, M.D. (Degree or title) | 22b. ADDRESS 6509 Prospect KC Mo | 22c. DATE SIGNED 3-8-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-9-59 | 23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| 24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Linwood at Woodland | ADDRESS K. C., Mo. | 25. DATE RECD. BY LOCAL REG. 3-8-59 | 26. REGISTRAR'S SIGNATURE Neva Marshall |
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All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Gerald E. Hughes

Dr. G. E. Hughes
will sign Sun at
St. Joseph Hospital!
Leave at desks !!

Melody M. Kilby - Eylar
Wa. 1 - 7717

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 *James B. Hack*
Licensed Embalmer No. *4573*
P. O. Address *H. C. Eylar*

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.