

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020287

STATE FILE NUMBER

Registrar's No. **37**

FILED JUN 16 1959

Registration District No. **002** Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY ANDREW			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ANDREW		
b. CITY (If outside corporate limits, give TOWNSHIP only) Nodaway Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RFD #3 Savannah		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Savannah		Length of stay in lb 14 years	d. STREET ADDRESS (If outside, give location) one mile east Savannah		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHARLES LYNDELL COBB			4. DATE OF DEATH June 5, 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 17, 1896		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and state or country) Easton, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME W. H. COBB		13b. MOTHER'S MAIDEN NAME MAGGIE HICKOK	
13c. NAME OF HUSBAND OR WIFE Sarah Mae Cobb		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 491-09-9183	
17. INFORMANT Mrs. Maggie Cobb, RFD #3, Savannah		18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerotic heart disease DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH minutes 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) A200		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 _____ a.m. _____ p.m.					
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 2-9-49 to 6-5-59 and last saw him alive on 12-27-58 . Death occurred at 6 a. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Ronald C. Fry		22b. ADDRESS Savannah Mo	
22c. DATE SIGNED 6/6/59		23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/7/59	
23c. NAME OF CEMETERY OR CREMATORY Empire Cemetery		23d. LOCATION (City, town, or county) RFD Whitesville, Missouri			
24. FUNERAL DIRECTOR BREIT FUNERAL HOME, Savannah		25. DATE RECD. BY LOCAL REG. 6-11-59		26. REGISTRAR'S SIGNATURE Lillian Sparks	

Dept. Health, c., & Welfare
S. Public Health Service

V. S. 300
Rev. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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. Hawkins*
Licensed Embalmer No. *4536*
P. O. Address *Savannah*

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.