

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000051

FILED VS JAN 22 1960

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Primary Registration District No. 3002

Registrar's No. 11

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 45 yrs.		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 811 E. Jackson St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ETHEL Middle FRANCES Last COBB				4. DATE OF DEATH Month Jan. Day 12 Year 60									
5. SEX Female		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 Nov. 20, 04		9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook				10b. KIND OF BUSINESS OR INDUSTRY Resturant		11. BIRTHPLACE (City and state or country) Fulton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Charles Whitworth				13b. MOTHER'S MAIDEN NAME Mary Stuart				14. NAME OF HUSBAND OR WIFE Buell 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. 495-30-4737		17. INFORMANT Address Mr. Buell Cobb, Mexico, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic acidosis DUE TO (b) recystizing Pancreatitis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 6 hr. 4 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.		Month, Day, Year											
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 10-11-56 to 1-12-60 and last saw ^{her} alive on 1-12-60 Death occurred at 6 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>William J. Kelly</i>						22b. ADDRESS 112 W. Clark Street			22c. DATE SIGNED 1-14-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 15, 60		23c. NAME OF CEMETERY OR CREMATORY Elmwood		23d. LOCATION (City, town, or county) (State) Mexico, Mo.							
24. FUNERAL DIRECTOR Precht-Hueston, Mexico, Mo.				25. DATE RECD. BY LOCAL REG. Jan-14-1960		26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

193: 2 2 498

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Mexico, Mo.

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.