

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-015970**

STATE FILE NUMBER

FILED VS MAY 12 1960

124

Primary Registration District No. 3035

Registrar's No. 46

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Lafayette		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		c. CITY OR TOWN Lexington		d. STREET ADDRESS (If outside, give location) 117 N. 9th. St.	
Length of stay in 1b Years 40		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME Lexington Memorial Hospital				e. STATE Missouri f. COUNTY Lafayette			
3. NAME OF DECEASED (Type or print) First ALSA Middle PEARL Last COBB				4. DATE OF DEATH Month May Day 1 Year 1960			
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. September 25, 1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Garment Manuf.		11. BIRTHPLACE (City and state or country) Wellington, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wesley Rider			13b. MOTHER'S MAIDEN NAME Nettie Murry			14. NAME OF HUSBAND OR WIFE Ed 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. 494-14-5569		17. INFORMANT Address Ed Cobb Lexington, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Gastric Hemorrhage							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Metastatic Carcinoma 8 months							
DUE TO (c) Carcinoma of the breast 8 months							
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 checked="" 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 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 10-3-59 to 5/1/60 and last saw her alive on Death occurred at 3:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joe W Ward (Degree or title) M.D.				22b. ADDRESS Lexington Mo.		22c. DATE SIGNED 5-7-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/3/60		23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery		23d. LOCATION (City, town, or county) Odessa Mo. (State)	
24. FUNERAL DIRECTOR ADDRESS Crunk-Walker Lexington, Mo.				25. DATE RECD. BY LOCAL REG. 5-5-60		26. REGISTRAR'S SIGNATURE	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 1 1968

**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 Harold P. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington

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.