

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 FILED VS APR 18 1960

**=60-015993**

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 4-7

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Aurora</b>		Length of stay in 1b <b>Years</b>		c. CITY OR TOWN <b>Aurora</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>16 E. College</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>16 E. College</b>	
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>JOSEPH</b> Last <b>COSSMAN</b>			4. DATE OF DEATH Month <b>April</b> Day <b>15</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/15/88</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Shoe Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Henry Cossman</b>		13b. MOTHER'S MAIDEN NAME <b>Frieda Peters</b>	
14. NAME OF HUSBAND OR WIFE <b>Elizabeth Cossman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			
16. SOCIAL SECURITY NO. <b>486-03-7106</b>		17. INFORMANT <b>Elizabeth Cossman; Aurora, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Edema, Pulmonary acute</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>Edema, Generalized with ascites</b>					<b>2 months</b>
DUE TO (c) <b>Decompensation, cardiac</b>					<b>6 months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Heart Disease, Hypertensive</b>				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 checked="" 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 <b>April 7, 1960</b> and last saw him alive on <b>April 14, 1960</b> Death occurred at <b>12:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Donald L. Lebay M.D.</b>		(Degree or title)		22b. ADDRESS <b>Aurora, Mo.</b>	22c. DATE SIGNED <b>April 15, 1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/16/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>	
24. FUNERAL DIRECTOR <b>Arnold's Funeral Home;</b>		ADDRESS <b>Aurora, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-15-60</b>	26. REGISTRAR'S SIGNATURE <b>Oran MeNatt</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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DEC  
9 1963

**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 Irvin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Aurora, 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.