

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-042926**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1382

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

15/17  
25/17

DATE AMENDED

3  
4 0  
5 1  
6  
7 0  
8  
9 4/201

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **Wm. B. Rost, M.D.** MEDICAL CERTIFICATION

<b>FILED</b> <u>DEC 9 1963</u> PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in lb <u>45 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>		c. CITY OR TOWN <u>St. Joseph</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>816 N. 2nd St.</u>	
3. NAME OF DECEASED (Type or print) First <u>ELLIS</u> Middle <u>M.</u> Last <u>COGDILL, SR.</u>		4. DATE OF DEATH Month <u>December</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/18/1897</u>	
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u> IF UNDER 24 HR: Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milling Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Stanberry, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Cogdill</u>		13b. MOTHER'S MAIDEN NAME <u>Ida LaJoie</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Ruth</u>		17. INFORMANT Address <u>Mrs. Mary R. Cogdill, St. Joseph, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.# TT</u>		16. SOCIAL SECURITY NO. <u>  </u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Arteriosclerotic cardio-vascular disease</u> DUE TO (c) <u>hypertrophy + multiple Valve damage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3da</u> ? ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate 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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>	
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.) <u>  </u>	
20f. CITY, TOWN, OR LOCATION <u>  </u> COUNTY <u>  </u> STATE <u>  </u>		21. I attended the deceased from <u>4-23-62</u> to <u>12-3-62</u> and last saw him alive on <u>12-2-62</u> Death occurred at <u>4:25 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Wm B Rost M D</u> (Degree or title)		22b. ADDRESS <u>2605 Frederick St Joseph Mo</u>	
22c. DATE SIGNED <u>12-4-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>12/5/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Joseph Missouri</u>		24. FUNERAL DIRECTOR <u>Hester-Bauman, St. Joseph, Mo.</u> ADDRESS <u>  </u>	
25. DATE RECD. BY LOCAL REG. <u>Dec. 5, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Woodell</u>	

USE BLACK INK OR TYPEWRITER RIBBON

DEC 18 1963

Permit Renewal 12-5-63

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph 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.