

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029835

STATE FILE NUMBER

FILED VS SEP 14 1959

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 76

ENDED

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>California</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Clarksburg</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Latham Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>No street numbers</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Chester</u> Middle <u>Walter</u> Last <u>Cobb</u>			4. DATE OF DEATH Month <u>August</u> Day <u>29th</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/5/1886</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Pacific R.R.</u>	11. BIRTHPLACE (City and state or country) <u>St. Clair County, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Rufus Cobb</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Albin</u>	14. NAME OF HUSBAND OR WIFE <u>Cordelia Cobb (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Norman Clark (Daughter) K. C. Mo</u>
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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>Carcinoma of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)
		DUE TO (c)

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
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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.)
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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
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21. I attended the deceased from <u>12-19-58</u> to <u>Aug 29, 1959</u> and last saw ^{her} him alive on <u>Aug 29, 1959</u> Death occurred at <u>5²⁰ p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Kenyon Latham M.D.</u>	22b. ADDRESS <u>California, Mo</u>	22c. DATE SIGNED <u>8-31-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 31, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clarksburg Masonic</u>	23d. LOCATION (City, town, or county) (State) <u>Clarksburg, Mo</u>
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24. FUNERAL DIRECTOR <u>Jewell E. Richards, Tipton, Missouri</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Aug 31, 59</u>	26. REGISTRAR'S SIGNATURE <u>W.H. Popejoy</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Jessica-E. Rich

Licensed Embalmer No. 246

P. O. Address Lipton

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.