

124

STATE FILE NUMBER

72 023892

CERTIFICATE OF DEATH

FILED

NOV 13 1972

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 469

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Sidney Cobb			2. Male		3. November 2, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS) MOS. DAYS		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. W			92		6. Apr. 20, 1880	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7. Sedalia			7c. Yes		7d. Bothwell	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Mo.			9. U.S.A.		10. Married	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 500-10-6578			13. Farmer		13b. Farm	
RESIDENCE—STATE			COUNTY		CITY, TOWN, OR LOCATION	
14. Mo.			14b. Moniteau		14c. Tipton	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Rufus Cobb			16. Rachel Aldin			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. Wilma Jenkins (Dau.)			17b. California, Mo.			
PART I. DEATH WAS CAUSED BY:						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Septicemia						2 d
DUE TO, OR AS A CONSEQUENCE OF:						
(b) GU tract infection						3 w
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
Recent CVA						19. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20. No		20b. No	20c. M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e. No		20f. No	20g. No		20h. No	
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21. 10 30 72		21b. 11 2 72	21c. 11 2 72	21d. No	21e. No	21f. 3A
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
22. No						
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OR TITLE	
23. J. E. Block, M.D.			23b. [Signature]		23c. 11/6/72	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN STATE ZIP	
23d. 1718 S. Ingram			23e. Sedalia		23f. Missouri 65301	
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24. Burial			24b. I.O.O.F.		24c. Tipton, Mo.	
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. Nov. 4, 1972			24e. Conn. F. H. Morgant Miller St. Tipton, Mo. 65081			
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25. Richard D. Cox, Jr.			25b. [Signature]		25c. Nov 9, 1972	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

3. 29
13a. 29
13b. 135
11. 42451
12.
13. CR03438
14. 1
15. 6079
16.
17.
18.
19. CREDITS
20.

EX-150 25
pending permit issued

NOV 22 1972

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 Richard D. Conn, Sr. & Jr.

Licensed Embalmer No. 4703+5509

P. O. Address Leptan, 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.