

FILED FEB 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 925

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	
c. LENGTH OF STAY (in this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>E. 1st St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Gen. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Edgar</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Cohn</u>	(Month) <u>Feb.</u>	(Day) <u>9</u>	(Year) <u>1950</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 3 1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 4 HRS. Hours <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bookstore</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>J. L. COHN</u>	13b. MOTHER'S MAIDEN NAME <u>Babette Lehman</u>	14. NAME OF HUSBAND OR WIFE _____
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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. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ernestine Goldsmith</u>	ADDRESS <u>Clinton Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hr</u> <u>2 wks from</u> <u>4 yrs nephritis</u> <u>59.3X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>_____</u> DUE TO (c) <u>pneumonia & nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 15, 1950, to Feb 9, 1950, that I last saw the deceased alive on 2-9, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Walker M.D.</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>2-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sedalia Hebrew Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-10-50</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred [unclear]</u>	ADDRESS <u>Clinton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED

District Health Officer No. 7,

District File Number 1-54-53

Date Filed 2-13-58

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
Student Embalmer

Signed *Fred E. Williams, Jr.*

Licensed Embalmer No. 4510

P. O. Address Clinton, W.

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 this body is not embalmed, fact should be so stated above.