

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 22 1950 STANDARD CERTIFICATE OF DEATH

12280

State File No.

02/10

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5247</u> Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Salisbury Twp</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Salisbury Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. S.E. Salisbury</u>			d. STREET ADDRESS (If rural, give location) <u># mi S.E. Salisbury</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lorenzo</u> b. (Middle) <u>Victor</u> c. (Last) <u>Cobb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-1950</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 24 1874</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Days <u>6</u> Hours <u>21</u> IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Chariton Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Lorenzo Dow Cobb</u>		13b. MOTHER'S MAIDEN NAME <u>Diana McAdams</u>	
14. NAME OF HUSBAND OR WIFE <u>Maudie Brummal Cobb</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Cobb</u>		17. ADDRESS <u>1034 N. Madison, Searcy</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral sclerosis</u>			Sigs.		
DUE TO (c) <u>Chronic myocarditis - 7 yrs.</u>					
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Vein pneumonia - 11 days</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>332x</u>	
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 <u>Feb 17, 1950</u> , to <u>March 21 1950</u> that I last saw the deceased alive on <u>March 19, 1950</u> and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L.L. Harris</u> (Degree or title) _____		23b. ADDRESS <u>Salisbury Mo.</u>		23c. DATE SIGNED <u>4-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>		24e. FURNERAL DIRECTOR'S SIGNATURE <u>Geo. Blunkhenny</u>		24f. ADDRESS <u>Salisbury Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-1-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FURNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	

RECEIVED

APR 13

District Health Officer No. 8,

District File Number _____

Date Filed _____

4-21-50

SEP 29 1950

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 _____

Chas. B. W. Kehmeyer

Licensed Embalmer No. _____

3842

P. O. Address _____

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