

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17692

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

BIRTH NO.		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 3058		Registrar's No. 92	
1. PLACE OF DEATH <i>St Joseph Hospital</i> a. COUNTY <i>St Charles</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St Charles</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Charles</i>		c. LENGTH OF STAY (In this place) <i>12 day</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wentzville Rural</i>		d. STREET ADDRESS (If rural, give location) <i>7 Miles South</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Joseph's Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>7 Miles South</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Andrew</i> b. (Middle) <i>Newton</i> c. (Last) <i>Cobbison</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 12 1951</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Apr. 27-1873</i>		9. AGE (In years last birthday) <i>78</i>	if UNDER 1 YEAR Months <i>11</i>	if UNDER 12 HRS. Days <i>15</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		11. BIRTHPLACE (State or foreign country) <i>Mechanicsville Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Joseph P. Cobbison</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Schneider</i>		14. NAME OF HUSBAND OR WIFE <i>Addie Y. Cobbison</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Leyern C. Carter Wentzville Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Haemia.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 wks.</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Uteral Stenosis</i>					<i>5 yrs.</i>
		DUE TO (c) <i>none</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i>					
19a. DATE OF OPERATION <i>none</i>		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)		<i>603X</i>	
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 <i>5/1 1951</i> to <i>May 12, 1951</i> , that I last saw the deceased alive on <i>May 11, 1951</i> , and that death occurred at <i>9:16 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>D. R. Hendrix, M.D.</i>				23b. ADDRESS <i>St Charles Mo</i>		23c. DATE SIGNED <i>5/16/51</i>	
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 15-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Winn Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Wentzville Mo</i>		
DATE REC'D BY LOCAL REG. <i>5-16-51</i>		REGISTRAR'S SIGNATURE <i>name</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>T. E. PITMAN FUNERAL HOME</i>			

Wentzville Mo

