

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29909**

FILED OCT 8 1951

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **38**

0351

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden	
c. LENGTH OF STAY (In this place) 9 Yrs.		d. STREET ADDRESS (If rural, give location) 309 W. Cleveland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 309 W. Cleveland			

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle) Jane	c. (Last) Cohen	4. DATE OF DEATH (Month) (Day) (Year)
				Sept 23 51

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 22, 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 2 HRS. Hours 1 Mins. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Clarkton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert W. Stokes	13b. MOTHER'S MAIDEN NAME Martha Jane White	14. NAME OF HUSBAND OR WIFE William A. Cohen
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Phillip Cohen	ADDRESS Malden, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) possible metastasis of malignancy to brain from chest. DUE TO (c) lipomas surgically removed due to cancer 1949.		
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 checked="" type="checkbox"/>
		170X

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) (Min.)	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 **June 26, 1951**, to **Sept 22, 1951**, that I last saw the deceased alive on **Sept 22, 1951**, and that death occurred at **7:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. Bailey M.D. D	23b. ADDRESS Malden, Mo.	23c. DATE SIGNED 9/25/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-24-51	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Fredericktown Mo.
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DATE REC'D BY LOCAL REG. 9-28-51	REGISTRAR'S SIGNATURE J. D. Schorman	25. FUNERAL DIRECTOR'S SIGNATURE DAY FUNERAL HOME	ADDRESS MALDEN, MO
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-1-51
COUNTY FILE NUMBER 1051-256

JUN 21 1954

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 J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.