

FILED JUN 24 1952

STANDARD CERTIFICATE OF DEATH

19271  
State File No. .... Registrar's No. 99

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mexico</b>	
c. LENGTH OF STAY (in this place) <b>3 Hours</b>		d. STREET ADDRESS (If rural, give location) <b>1111 West Mansfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Luther</b>	b. (Middle) <b>Thomas</b>	c. (Last) <b>Cobb</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 18, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 6, 1867</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Firebrick Industry</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Firebrick</b>	11. BIRTHPLACE (State or foreign country) <b>Montgomery Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frank Cobb</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Ann Clements</b>	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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elmer Cobb</b> ADDRESS <b>Mexico, Missouri</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angust injury. Accidental by being struck by train at a R.R. Crossing</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Struck by train at a R.R. Crossing</b> DUE TO (c) <b>Shock and hemorrhage internal</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>The Audrain County Hospital was consulted</b>		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>Created in Hospital for Shock</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office, office bldg., etc.) <b>Struck R.R. Crossing</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Mexico Audrain Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 18 1952 1:30 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck by train at R.R. Crossing</b>
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22. I hereby certify that I attended the deceased from **August**, 19\_\_\_\_, that I last saw the deceased **Alive** on **June 18, 1952**, and that death occurred at **3:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. C. Adams, M.D. Coroner</b> (Degree or title)	23b. ADDRESS <b>Mexico Mo.</b>	23c. DATE SIGNED <b>6-18-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-21-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mexico Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 19-1952</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas Arnold, Jr.</b> ADDRESS <b>Mexico Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Charles V. Greening

Licensed Embalmer No. 14625

P. O. Address Mexico 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.