

FILED NOV 22 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37026**

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1045

| | | | |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | c. CITY OR TOWN <u>Springfield</u> | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>7 days</u> | | e. STREET ADDRESS (If rural, give location) <u>1704 East 8th Street</u> <u>0346</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> | | b. (Middle) <u>NOBLE</u> c. (Last) <u>COBB</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>November 13, 1954</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>25 March 1885</u> |
| 9. AGE (In years last birthday) <u>69</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bennett, Nebraska</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Edgar Noble Cobb</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rachel Hewitt</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>----</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> <u>None</u> | | 16. SOCIAL SECURITY NO. <u>----</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Zady Cobb</u> | | ADDRESS <u>1704 East 8th Street, Springfield, Missouri.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Shock</u> ANTECEDENT CAUSES <u>Due to (b) Rt Nephrectomy</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypernephroma Rt Kidney</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Hypernephroma</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>3 days.</u> <u>1 yrs.</u> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Hypernephroma</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>180X</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>6:30P</u> | |
| 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>8-19-</u> , <u>1954</u> , to <u>11-13-</u> , <u>1954</u> , that I last saw the deceased alive on <u>11-13-</u> , <u>1954</u> , and that death occurred at <u>6:30P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Paul C. Morton</u> | | 23b. ADDRESS <u>1630 N. Jefferson</u> | |
| 23c. DATE SIGNED <u>11-15-54</u> | | 23d. (Degree or title) <u>M.D.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>15 Nov. 1954</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>11-17-54</u> | | REGISTRAR'S SIGNATURE <u>Frank C. Thibony</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank C. Thibony</u> | | ADDRESS <u>Springfield, Missouri</u> | |

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.....
Signature of Student Embalmer

Signed *Paul C. Plumer*.....

Licensed Embalmer No. *2899*
Springfield,
P. O. Address Missouri.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.