

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7206**BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Butler Missouri		c. CITY OR TOWN Butler	d. Is 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)		e. STREET ADDRESS (If rural, give location) 110 E Dakota, Butler Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Died in Ambulance enroute to Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Edward c. (Last) Cohick			4. DATE OF DEATH (Month) (Day) (Year) Mar 21 55		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 3, 1877	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR 11 Months 18 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY retired Farmer	11. BIRTHPLACE (City and State or Foreign Country) East Petersburg Penn.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Edward Cohick	13b. MOTHER'S MAIDEN NAME Anna Stuffy	14. NAME OF MARRIED OR WIFE Lillie Cohick
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 490-20-2501	17. INFORMANT'S SIGNATURE OR NAME Lillie Cohick-Butler Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 minute
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		DUE TO (b) arteriosclerosis, generalized		unknown
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic nephritis				unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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) Butler Bates Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 21 March, 1955, to 21 March, 1955, that I last saw the deceased alive on 21 March, 1955, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Doris H. Hattler MD		23b. ADDRESS 112 S. Havana St. Butler, Mo	23c. DATE SIGNED 21 Mar 55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-21-1955	24c. NAME OF CEMETERY OR CREMATORY Newton Cemetery	24d. LOCATION (City, town, or county) (State) Nevada Mo.
DATE REC'D BY LOCAL REG. Mar. 21-55	REGISTRAR'S SIGNATURE Randall Korum	25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood-Butler Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *H. H. Marmaduke*.....
Licensed Embalmer No. *20*.....
P. O. Address *Woods*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
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.