

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1156

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>3 mo.</u>		c. CITY OR TOWN <u>Clinton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>310 S. Orchard 0420</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GOTTLIEB</u>		b. (Middle) <u>A</u>		c. (Last) <u>COHEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>Divorced</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>March 22 1914</u>	
9. AGE (in years last birthday) <u>41</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u> Hours <u>—</u> Mins. <u>—</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Collection mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Loan agency</u>		13a. FATHER'S NAME <u>Gottlieb A Cohen</u>		13b. MOTHER'S MAIDEN NAME <u>Mary L. Alberts</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-16-7683</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Cohen Clinton Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left lung</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None 163X</u>			
19a. DATE OF OPERATION <u>May 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Impenetrable Carcinoma left lung</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) <u>None</u> 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 <u>Feb 1953</u> , to <u>Jan 24, 1956</u> that I last saw the deceased alive on <u>Jan 24, 1956</u> , and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. B. Hughes M.D.</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>1/26/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 26, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelton Hebrew</u>		24d. LOCATION (City, town, or county) (State) <u>Shelton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-26-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> 521		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shelton Funeral Home Clinton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAID 31 1956

FEB 3 1956

### 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 \_\_\_\_\_

Licensed Embalmer No. 45

P. O. Address Clinton

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.