

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33348

STATE FILE NUMBER  
8575

FILED SEP 23 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jackson, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		Length of stay, in lb.		d. STREET ADDRESS 31 506 S. Georgia	
3. NAME OF DECEASED (Type or print) First JOHN Middle ALBERT Last COBB			4. DATE OF DEATH Month SEPT. 12, Day 1957 Year		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 22, 1906	9. AGE (In years last birthday) 51 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) John Deer Equip. Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Glenn Allen, Mo.	
13a. FATHER'S NAME Bennett Arthur Cobb		13b. MOTHER'S MAIDEN NAME Carrie Etta Mauser		14. NAME OF HUSBAND OR WIFE Bessie Cobb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO.		17. INFORMANT Address John Cobb Jr 506 S. Georgia Jackson, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ABDOMINAL AORTIC ANEURYSM, ARTERIOSCLEROTIC					INTERVAL BETWEEN ONSET AND DEATH 3 YRS.
Conditions, if any, which gave rise to above cause (a), starting the under- lying cause last. } DUE TO (b) DUE TO (c) 451A					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from SEPT. 6, 1957 to SEPT. 12, 1957 and last saw her alive on SEPT. 12, 1957 Death occurred at 3:12 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Thomas W. Orpal</i> M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 9/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept. 13, 1957	23c. NAME OF CEMETERY OR CREMATORY Jackson Cemetery		23d. LOCATION (City, town, or county) Jackson, Mo.
24. FUNERAL DIRECTOR Crawcraft-Miller F.H. Jackson, Mo.		25. DATE RECD. BY LOCAL REG. SEP 13 57		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> mJB	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, or investigator only should indicate in item 18 any conditions which are thought to be causally related.

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-57

OCT 2 1957  
SEP 23 1957

APR 11 1958

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 *Joseph E. McCulloch*

Licensed Embalmer No. *2460*  
P. O. Address *6178 Dellman*

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.