

(THE DIVISION OF HEALTH OF MISSOURI)
STANDARD CERTIFICATE OF DEATH

58-036160

STATE FILE NUMBER

| | | | | | |
|---|----------------------------------|---|--|--|---|
| Registration District No. 137 | | Primary Registration District No. 3023 | | Registrar's No. 927 | |
| 1. PLACE OF DEATH a. COUNTY Henry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 1/2 S. Washington | | Length of stay in lb 4 week | | d. STREET ADDRESS (If outside, give location) 0422 207 1/2 S. Washington | |
| 3. NAME OF DECEASED (Type or print) First Mabel Middle Irene Last Cohen | | | 4. DATE OF DEATH Month November Day 7 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept 23 1896 | 9. AGE (In years) 62 (birthday) | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Iron Works | | 11. BIRTHPLACE (City and state or country) Pettis Co. Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Henry McNutt | | | |
| 13b. MOTHER'S MAIDEN NAME Alice Mitchell | | 14. NAME OF HUSBAND OR WIFE G.A. Cohen (Deceased) | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 490-34-5313 | | 17. INFORMANT Joe Cohen Address Clinton, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months |
| 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 a.m. Month, Day, Year p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 1952 to 11/7/58 and last saw her alive on 11/6/58 Death occurred at 1:10 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE S-B. Hughes, M.D. | | (Degree or title) 0 | | 22b. ADDRESS Clinton, Mo. | |
| 22c. DATE SIGNED 11/8/58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | |
| 23b. DATE Nov. 9, 1958 | | 23c. NAME OF CEMETERY OR CREMATORY Jewish Cemetery | | 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri | |
| 24. FUNERAL DIRECTOR Consalus | | ADDRESS Clinton, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-9-58 | |
| 26. REGISTRAR'S SIGNATURE Mildred Bigum | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. E. Conzaler*

Licensed Embalmer No. *189*

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.