

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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60-019949

FILED VS JUN 8 1960

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 20

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Odessa</u>		Length of stay in 1b <u>10 yr</u>		c. CITY OR TOWN <u>Odessa</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>403 S. 4th</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>403 S. 4th</u>		
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Marvin</u> Last <u>Cobb</u>				4. DATE OF DEATH Month <u>May</u> Day <u>24</u> Year <u>1960</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-6-1886</u>		
				9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		
						IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or type if retired) <u>mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>engineering</u>		11. BIRTHPLACE (City and state or country) <u>Johnson Cty., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Daniel Cobb</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia McNeel</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby Griggs Cobb</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>495-03-8887</u>		17. INFORMANT Address <u>Mrs Ruby Cobb, Odessa, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>fracture & dehydration</u> DUE TO (b) <u>probable undiagnosed</u> DUE TO (c) <u>malignancy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition (given in PART I) <u>hypertension & pneumonia</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 WORK <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 <u>5 years</u> to <u>May 23 9 PM</u> and last saw her alive on <u>May 25 - 9 PM</u> Death occurred at <u>3 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>M. Martin MD</u>				22b. ADDRESS <u>Odessa, Mo</u>			22c. DATE SIGNED <u>5-24-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5-26-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cobb Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>6 mi SW Odessa, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Ralph O. Jones, Odessa, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>5-26-1960</u>		26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph O. Jones

Licensed Embalmer No. 4609

P. O. Address Odessa,

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.