

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-031554

STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 31

AMENDED

FILED SEP 12 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ? a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KELSO TWP.		Length of stay in lb 8 YRS.	c. CITY OR TOWN CHAFFEE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 MI. EAST OF CHAFFEE, MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. # 1
3. NAME OF DECEASED (Type or print) First Middle Last DORIS EDWARD COBB		4. DATE OF DEATH Month Day Year SEPT. 3, 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN. 30 1917
9. AGE (last birthday) 44		IF UNDER 1 YEAR Months 7 Days 3 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER (RET.)		10b. KIND OF BUSINESS OR INDUSTRY Sports Specialty Shoe Co.	11. BIRTHPLACE (City and state or country) MITTLETON TENN.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ROBERT GAINES COBB	13b. MOTHER'S MARDEN NAME ANNA BELL ARNETT
14. NAME OF HUSBAND OR WIFE DELLA COBB		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hodgkin dx & Vasculum collapse		INTERVAL BETWEEN ONSET AND DEATH 2 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hodgkin Disease		10 month	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 Nov 1960 to Sept 3 1961 and last saw him alive on Sept 3 1961 Death occurred at 12:32 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kenneth D. Bass D.O.		22b. ADDRESS Chaffee Mo. 243 W. Yookaine St.	
22c. DATE SIGNED 9/4/61		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 9-4-1961		23c. NAME OF CEMETERY OR CREMATORY UNION PARK CEM.	
23d. LOCATION (City, town, or county) (State) CHAFFEE, Missouri		24. FUNERAL DIRECTOR ADDRESS Bisplinghoff Funeral Home - Chaffee, Mo.	
25. DATE RECD. BY LOCAL REG. Sept 8 1961		26. REGISTRAR'S SIGNATURE Mrs. Fred Buehlinghoff	

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

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.