30772

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 162

**1. PLACE OF DEATH:**
(a) County: Livingston
(b) City or town: Chillicothe, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 825 - Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 34 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 825 - Washington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

59
1
2

3. (a) PRINT FULL NAME: Alexander R. Coburn
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary A. Coburn
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: April - 12 - 1872
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 6 | 21 | hr. min. |

9. Birthplace: Becket (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Insurance agt.
11. Industry or business:
FATHER
12. Name: Richmond Coburn
13. Birthplace: Becket (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: Patience Hill
15. Birthplace: Becket (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mary A. Coburn
(b) Address: Chillicothe Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42. (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cem.
18. (a) Signature of funeral director: Thomas D. Hudson
(b) Address: Chillicothe, Mo.
19. (a) Oct 5-1942 (Date received local registrar) (b) Lou Ella Cozzy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 3 year 1942 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 1, 1942, to Oct. 3, 1942, that I last saw him alive on Oct. 3, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Congestive heart failure | |
| Due to: aortic & mitral insufficiency | years |
| Due to: | |
| Other conditions: acute nephritis (Include pregnancy within 3 months of death) | 3 months |

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Con Gore (M. D. or other)
Address: Chillicothe, Mo. Date signed Oct. 5. 42

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 194

FEB 24 195

## 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Donald F. Gordon

Licensed Embalmer No. 4197

P. O. Address Chillicothe,

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

No. 2B
9-8-21-41
5-17 X29288

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

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**1. PLACE OF DEATH:**
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alexander P. Coburn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 12 (Day) 1872 (Year)
8. AGE: Years 70 Months 6 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct Day year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: congestive heart failure — Duration
Due to: aortic & mitral insufficiency yrs.
Due to:
Other conditions: acute nephritis 3 mo.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 93 x
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY