

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5307

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hurrican Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hurricane Township	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5 miles west of Elsberry	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 mile west of Elsberry			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Henry c. (Last) Cobb			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 14, 1887	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) same as residence		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME E.A. Cobb	13b. MOTHER'S MAIDEN NAME Sarah Jane Cannon	14. NAME OF HUSBAND OR WIFE Marion Triplett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME D. Perkins Cobb ADDRESS Park Ridge, Ill.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA SIGMOID		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		153X

19a. DATE OF OPERATION 1949	19b. MAJOR FINDINGS OF OPERATION CARCINOMA SIGMOID	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **DEC 1949**, to **FEB 11, 1950**; that I last saw the deceased alive on **FEB 11, 1950**, and that death occurred at **4:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE D. Perkins Cobb (Degree or title) M. D.	23b. ADDRESS ELS BERRY, MO	23c. DATE SIGNED 2/14/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 13, 1950	24c. NAME OF CEMETERY OR CREMATORY New Hope
	24d. LOCATION (City, town, or county) (State) Elsberry (RFD) Mo.	

DATE REC'D BY LOCAL REG. 3/2/50	REGISTRAR'S SIGNATURE Miss S. A. Dwyer	FUNERAL DIRECTOR'S SIGNATURE 164 1/2	ADDRESS Elsberry, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0570
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District File Number

District Health Officer No. 9

RECEIVED MAR 8 1950

MAR 13 1950

DEC 6 1952

1952

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
Student Embalmer

Signed *G. Galambos*

Licensed Embalmer No. 4012 ✓

P. O. Address *Edsberry, 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 this body is not embalmed, fact should be so stated above.