

JUL 31 1950

## STANDARD CERTIFICATE OF DEATH

24204

State File No. 24204

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5908 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>0780</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Holland, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Holland, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Holland Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holland Twp.</u>			

3. NAME OF DECEASED (Type or Print) <u>Gurley, T. Cohoon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-1950</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>6-6-1900</u>	9. AGE (In years, month, day) <u>50</u>	IF UNDER 1 YEAR <u>1</u> Months	IF UNDER 1 YEAR <u>19</u> Days	IF UNDER 1 MRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
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13a. FATHER'S NAME <u>John Cohoon</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Ann</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Thelma M. Cohoon</u>			
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Thelma Cohoon</u>			
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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 <u>1 year</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer</u>		DUE TO (b) <u>None</u>				1998	
ANTECEDENT CAUSES		DUE TO (c) <u>None</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None (see Barnes Rep. St. Louis)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	
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22. I hereby certify that I attended the deceased from July 1, 1950, to 19 July, 1950, that I last saw the deceased alive on 7-19, 1950, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. O. Mean</u> (Degree or title)		23b. ADDRESS <u>Holland Mo.</u>		23c. DATE SIGNED <u>22 July 50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>21 July 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blytheville, Ark.</u>		24d. LOCATION (City, town, or county) (State) <u>Blytheville, Ark.</u>	
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DATE REC'D BY LOCAL REG. <u>7-26-50</u>		REGISTRAR'S SIGNATURE <u>D. O. Mean</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. O. Mean</u>		ADDRESS <u>Blytheville, Ark.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

8-50-207

AUG 17 1907

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri JUL 28 REC'D

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*John R. Small*

Licensed Embalmer No. *2100*

P. O. Address *Caruthersville*

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.