

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22374

BIRTH NO. REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u> c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u> d. STREET ADDRESS (If rural, give location) <u>1180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Clementine</u> c. (Last) <u>Cokeman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 21, 1870</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>CARTER County, Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William W. Cokeman</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia CARTER</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HANNAH COKEMAN Van Buren Mo</u>	
				ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexia</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Hypertension</u>			
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 July 5, 1951, to July 22, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.H. Cotton M.D.</u>		(Degree or title)		23b. ADDRESS <u>Van Buren, Mo</u>	
				23c. DATE SIGNED <u>7-28-51</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery Van Buren, Mo</u>	
				24d. LOCATION (City, town, or county) (State) <u>Van Buren, Mo</u>	

DATE REC'D BY LOCAL REG. <u>July 28-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Benson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen C. T. Hodder</u>	
				ADDRESS <u>Van Buren Mo</u>	

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

0180  
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RECEIVED

AUG 4 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

AUG 18 1951

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 *Allen C. McHadden*

Licensed Embalmer No. *4543*

P. O. Address *Tan Breen, 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.