

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18580

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2334

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u> <u>3278</u> <small>Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>	
e. STREET ADDRESS <u>500 E. Truman</u>		f. (If rural, give location) <u>Baptist Convalescent Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tobias</u> b. (Middle) <u>H</u> c. (Last) <u>Cohron</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>28</u> (Year) <u>1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>6-5-1870</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oxford, Mississippi</u>
12. CITIZEN OF WHAT COUNTRY <u>America</u>		13. FATHER'S NAME <u>Jordan Cohron</u>	
13b. MOTHER'S MAIDEN NAME <u>Elnora Mc Kinney</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>Bobbie Patterson</u>		18. ADDRESS <u>1043 Grandview Blvd. K. C. Kans.</u>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pyelonephritis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) <u>Lower urinary tract obstruction</u> DUE TO (c) <u>Benign Prostatic hypertrophy.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>5-12-55</u> , 19 <u> </u> , to <u>5-28-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-28-55</u> , 19 <u> </u> , and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>E. Frank Ellis MD</u>		23b. ADDRESS <u>600 E. 22nd St.</u>	
23c. DATE SIGNED <u>5-31-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>5-31-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. W. Jones</u>	
25. ADDRESS <u>K. C. Kans.</u>		DATE REC'D BY LOCAL REG. <u>5-31-55</u>	
REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

(If signed by Embalmer, State on Reverse Side)

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign Prostatic Hypertrophy</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>5-12-55</u> , 19 <u> </u> , to <u>5-28-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-28-55</u> , 19 <u> </u> , and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>E. Frank Ellis MD</u>		23b. ADDRESS <u>600 E. 22nd St.</u>	
23c. DATE SIGNED <u>5-31-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-31-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. W. Jones</u>	
25. ADDRESS <u>K. C. Kans.</u>		DATE REC'D BY LOCAL REG. <u>5-31-55</u>	
REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

(If signed by Embalmer, State on Reverse Side)

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

WRITE PLAINLY—USING UNFADING BLACK INK

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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.....

Licensed Embalmer No. 441

P. O. Address 444 St

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.