

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21776**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 696	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MARYLAND b. COUNTY BALTIMORE			
b. CITY OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY OR TOWN BALTIMORE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE				e. STREET ADDRESS (If rural, give location) 2424 SHIRLEY ST. 81908			
3. NAME OF DECEASED (Type or Print) MURRAY		a. (First)		b. (Middle)		c. (Last) COHEN	
4. DATE OF DEATH (Month) (Day) (Year) AUG 9 1955		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	
8. DATE OF BIRTH OCT 15 1923		9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		11. BIRTHPLACE (City and State or Foreign Country) RHODE ISLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME BERRARD COHEN		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW2		16. SOCIAL SECURITY NO. 214-30-5714		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BESSIE SMITH BOSTON MASS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns 2°43° - 5570 Body Surface		INTERVAL BETWEEN ONSET AND DEATH 48 hours			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auto mobile accident					
		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				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) 039 (COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8 1955 12:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto mobile accident			
22. I hereby certify that I attended the deceased from Aug 8 , 1955, to Aug 9 , 1955, that I last saw the deceased alive on Aug 9 , 1955, and that death occurred at 6:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Gene W. Farthing M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 8/11/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-12-1955		24c. NAME OF CEMETERY OR CREMATOR HEBREW		24d. LOCATION (City, town, or county) (State) GREENE CO MO	
DATE REC'D BY LOCAL REG. 8/12/55		REGISTRAR'S SIGNATURE Edith Welton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.W. BARBER MARSHFIELD MO			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 14 1938

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..... *R. W. Barb*

Licensed Embalmer No. 38

P. O. Address *Meriden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.