

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25121

State File No. ....

FILED AUG 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6271 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MARYLAND</u> b. COUNTY <u>BALTIMORE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BALTIMORE MD. 9190</u>	
c. LENGTH OF STAY (in this place) <u>Traveling</u>		d. STREET ADDRESS (If rural, give location) <u>8 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u> b. (Middle) <u>IDA</u> c. (Last) <u>COHEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 8 1955</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		9. AGE (In years last birthday) <u>57</u>		10. UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <u>RHODE ISLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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			

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH SIMONDS</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>BESSIE SMITH</u> ADDRESS <u>BOSTON MASS</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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>BURNED IN BURNING CAR</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2 CAR ACCIDENT</u>					
		DUE TO (c) <u>BEING STRUCK IN REAR BY ANOTHER CAR LAST ANK EXPLOSION</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CAR LAST ANK EXPLOSION</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8164</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MARSHFIELD WEBSTER MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>K. H. Kelley, Coroner</u>		23b. ADDRESS <u>Dejman's mo</u>		23c. DATE SIGNED <u>8-9-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-12-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HEBREW</u>		24d. LOCATION (City, town, or county) (State) <u>GREENE CO. MO</u>	
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DATE REC'D BY LOCAL REG. <u>8-11-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>392</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>RW BARBER</u> ADDRESS <u>MARSHFIELD</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*George Stopp*

Licensed Embalmer No. 3161

P. O. Address Mtn Grove

**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.