

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4696**BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY JACKSON						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 3 1/2 mo.		c. CITY OR TOWN GRANDVIEW		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) ROUTE NUMBER 1						
3. NAME OF DECEASED (Type or Print) a. (First) SAM			b. (Middle) LEE		c. (Last) COBB		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 21 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-13-1892		9. AGE (In years last birthday) 63 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BUTLER, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME SEMER COBB			13b. MOTHER'S MAIDEN NAME MARY HOPKINS			14. NAME OF HUSBAND OR WIFE NORA COBB				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 496097920		17. INFORMANT'S SIGNATURE OR NAME OFFICIAL VA HOSPITAL RECORDS					ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemoptisis *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchogenic carcinoma, right upper lobe with multiple metastasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Calcific aortic stenosis								INTERVAL BETWEEN ONSET AND DEATH 162X		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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) (Min.) VA 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 October 11, 1955 , to January 21, 1956 , that I last saw the deceased Nov 21 1955 , and that death occurred at 7:15P m. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Joaquin F. Lopez, M.D.					23b. ADDRESS VETERANS ADMINISTRATION HOSPITAL, KANSAS CITY, MISSOURI		23c. DATE SIGNED 1-22-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/22/1956		24c. NAME OF CEMETERY OR CREMATORY Foster Cemetery		24d. LOCATION (City, town, or county) (State) Foster, Missouri				
DATE REC'D BY LOCAL REG. 1-22-56		REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure Undertaking Co. K.C. Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

FEB 17 1952

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.....
J. J. Crowell

Licensed Embalmer No.....4
P. O. Address.....*W.C.*

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