

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 65

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Marion   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Marion      |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal |  | c. CITY OR TOWN Hannibal  |  |
| c. LENGTH OF STAY (In this place)   |  | 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 Levering Hospital                             |  | e. STREET ADDRESS (If rural, give location) 311 Lyon 06475  |  |

|                                     |                  |                    |                  |   |
|-------------------------------------|------------------|--------------------|------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) James | b. (Middle) Cobern | c. (Last) Cobern | 4. DATE OF DEATH (Month) (Day) (Year) 2/19/1956 |
|-------------------------------------|------------------|--------------------|------------------|---|

|             |                        |  |                           |                                    |                             |                             |
|-------------|------------------------|--|---------------------------|------------------------------------|-----------------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 4/2/1903 | 9. AGE (In years last birthday) 52 | 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) Kinderhook, Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|-----------------------------------|---|-------------------------------------|

|                                 |                                      |  |
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| 13a. FATHER'S NAME James Cobern | 13b. MOTHER'S MAIDEN NAME Grace Carr | 14. NAME OF HUSBAND OR WIFE Ellen Cobern |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Richard Schulten, 1914 Lincoln | ADDRESS |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION Hannibal, Mo.<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>pulmonary hemorrhage</i><br>INTERVAL BETWEEN ONSET AND DEATH 10 min<br>ANTECEDENT CAUSES <i>adventitious cause of lung</i> DUE TO (b) 6 min<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
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|------------------------|---------------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 163x | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---------------------------------------|--|

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|--|--|---|
| 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) |
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|  |  |                            |
|--|--|----------------------------|
| 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 1-1-56, 19\_\_, to 2-19-56, 19\_\_, that I last saw the deceased alive on 2-19-56, 19\_\_, and that death occurred at 6:10P m., from the causes and on the date stated above.

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|---|---|--------------------------|
| 23a. SIGNATURE <i>D Strong MD</i> (Degree or title) | 23b. ADDRESS 115 N. 5th St. Hannibal, Mo. | 23c. DATE SIGNED 2-21-56 |
|---|---|--------------------------|

|  |                   |  |  |
|--|-------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-24-56 | 24c. NAME OF CEMETERY OR CREMATORY Kinderhook Cemetery | 24d. LOCATION (City, town, or county) (State) Kinderhook Pike Illinois |
|--|-------------------|--|--|

|                                  |   |   |         |
|----------------------------------|---|---|---------|
| DATE REC'D BY LOCAL REG. 2/21/56 | REGISTRAR'S SIGNATURE <i>Wm. Lucas By Mc Fisher</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>W M O'Donnell</i> | ADDRESS |
|----------------------------------|---|---|---------|

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

RECEIVED MAR 4 1958  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 4 1958

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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..... *A. M. O'Donnell*

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.