

FILED APR 22 1957

THE DIVISION OF REALITY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13907

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon Hudson Twp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Des Moines</u> <u>81408</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u> Length of stay in lb <u>17 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>Unknown</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Allan</u> Middle <u>Milton</u> Last <u>Cohen</u>			4. DATE OF DEATH Month <u>April</u> Day <u>8</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 4, 1906</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>clothing</u>	11. BIRTHPLACE (City and state or country) <u>Unknown</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Mosé Cohen</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Hospital records Macon, Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>circulatory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>decompensated hypertrophic heart disease</u> DUE TO (c) <u>obesity</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>chronic schizophrenic reaction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 mos.</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>May 7, 1939</u> to <u>April 8, 1957</u> and last saw her/him alive on <u>Apr. 8, 1957</u> Death occurred at <u>1:30 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In green or blue ink) <u>F. M. Still</u>		22b. ADDRESS <u>Macon, Missouri</u>	
22c. DATE SIGNED <u>4/8/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>April 9, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Graveside</u>	
23d. LOCATION (City, town, or county) <u>Des Moines Iowa</u>		(State)	
24. FUNERAL DIRECTOR <u>Lester Hutton</u>		25. DATE RECD. BY LOCAL REG. <u>4-8-57</u>	
ADDRESS <u>Macon Mo.</u>		26. REGISTRAR'S SIGNATURE <u>C. M. Muealy</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
ServiceS. 300
v. 1-56

All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. securing the medical certification in the specific manner required by 1937 act, removed 1947.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAY 1 1957

MAY 3 1957

County File No. 41857
Date Filed

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 *Charles L. Hutton*

Licensed Embalmer No. 957

P. O. Address *Macon*

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.