

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041312

FILED VS NOV 30 1959 290

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 134

ENDED

1. PLACE OF DEATH a. COUNTY PULASKI		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY PULASKI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WAYNESVILLE, MO.	Length of stay in 1b 18 YRS	c. CITY OR TOWN WAYNESVILLE, MO.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last ARTHUR BENJAMIN COHN	4. DATE OF DEATH Month Day Year NOVEMBER 7, 1959
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/11/1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELFEMPLOYED	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY USA.
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13a. FATHER'S NAME HENRY COHN	13b. MOTHER'S MAIDEN NAME ANNA GUTPREUND	14. NAME OF HUSBAND OR WIFE LOUISE COHN.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.	16. SOCIAL SECURITY NO. 496-36-5486	17. INFORMANT Address MR. HENRY COHN WAYNESVILLE, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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
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21. I attended the deceased from Nov 7, 1959 to Nov 7, 1959 and last saw her alive on Nov 7, 1959 Death occurred at 6:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE R.D. Alwert (Degree or title) D.O.	22b. ADDRESS WAYNESVILLE, MISSOURI	22c. DATE SIGNED 11/8/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/9/59	23c. NAME OF CEMETERY OR CREMATORY WAYNESVILLE MEMORIAL	23d. LOCATION (City, town, or county) (State) WAYNESVILLE, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS HELGES FUNERAL HOME WAYNESVILLE, MISSOURI	25. DATE RECD. BY LOCAL REG. 11-16-1959	26. REGISTRAR'S SIGNATURE Paula Mae Anderson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 1 1959

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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.