

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029823
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 172

AMENDED

FILED SEP 6 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jasper	b. CITY (if outside corporate limits, give TOWNSHIP only) Carthage	a. STATE Missouri	b. COUNTY Newton
Length of stay in 1b 1 day		c. CITY OR TOWN Granby	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Rt #1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Nicholas	Middle Rochelle	Last Cohu	Month August	Day 29	Year 1961
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 2-24-1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Granby, Rt #1, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Cohu			13b. MOTHER'S MAIDEN NAME Arabella Berkley			14. NAME OF HUSBAND OR WIFE May Cohu	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Address Mrs. May Cohu Granby, Missouri			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 20 hrs
IMMEDIATE CAUSE (a) occlusion Coronary artery		
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) Arteriosclerosis, General		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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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	20g. COUNTY STATE

21. I attended the deceased from Aug 28, 1961 to Aug 29, 1961 and last saw him alive on Aug 29, 1961
Death occurred at 6 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George F. Wood MD		22b. ADDRESS Carthage Mo		22c. DATE SIGNED 9/1/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-31-1961	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) Granby, Missouri	
24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home Diamond, Mo.		25. DATE RECD. BY LOCAL REG. 9-1-61	26. REGISTRAR'S SIGNATURE Edy Clutter	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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

Floyd E. Stumaker

Licensed Embalmer No. 4923

P. O. Address Box 218 Granby

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.