

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012085

FILED VS MAR 23 1960

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 43

ENDED

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Length of stay in 1b 2 wks	c. CITY OR TOWN Wright City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 222 N.E. St.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 222 N.E. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DANIEL ALLEN COHEA			4. DATE OF DEATH Month Day Year March 13 1960		
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 July 3, 1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (City and state or country) Lincoln Co. Mo	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME George Washington Cohea		13b. MOTHER'S MAIDEN NAME Mary Allen		14. NAME OF HUSBAND OR WIFE Nellie Cohea	
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. None	17. INFORMANT Address Harold Cohea Louisiana Mo		

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
IMMEDIATE CAUSE (a) Dehydration		7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uremia		3 wks
DUE TO (c) Prostatic Carcinoma		Unknown
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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 COUNTY STATE
21. I attended the deceased from Feb 29, 1960 to March 13/60 and last saw him alive on March 13/1960 Death occurred at 4:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.		

22. SIGNATURE (Degree or title) David L. Silyea D.D.	22b. ADDRESS Louisiana Mo.	22c. DATE SIGNED March 14/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 15, 1960	23c. NAME OF CEMETERY OR CREMATORY Cathrose Cemetery
24. FUNERAL DIRECTOR ADDRESS J. B. Sterne, Louisiana Mo	25. DATE RECD. BY LOCAL REG. March 15, 1960	26. REGISTRAR'S SIGNATURE Bernice Callier

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF