No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28599

FILED SEP 9 1948

Registration District No. 337

Primary Registration District No. 4495

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Shelby county

(b) City or town Bethel, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Thirty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Bethel, Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John J. Cochran

3. (b) If veteran, name war World # 1

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beulah Cochran

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October (Month) 6th (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	9	27	hr. min.

9. Birthplace Shelby county (City, town, or county) Missouri (State or foreign country)

10. Usual occupation County Clerk

11. Industry or business " "

FATHER
12. Name John Cochran
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Hayden
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Cochran
(b) Address Bethel, Mo.

17. (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 8-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Mo.

19. (a) Aug 30-48 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1947 to Aug 3 1948 that I last saw him alive on Aug 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Prostate	4 + 1/2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. L. Simpson (M. D. or other) Do

Address Shelbina Mo Date signed Aug 9 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1949

RECEIVED
District Health Officer No. 1
District File Number 9-48-
Date Filed SEP 7 - 1948

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C W Hawkins

Licensed Embalmer No. 348

P. O. Address Shelbina Mo.

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 this body is not embalmed, fact should be so stated above.