

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21040**

BIRTH NO. _____		REG. DIST. NO. <b>244</b>		PRIMARY REG. DIST. NO. <b>3834</b>		Registrar's No. <b>7</b>	
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Diamond</b>		c. LENGTH OF STAY (in this place) <b>4 Mons</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Diamond</b>		<b>1730</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS (If rural, give location) <b>3</b>			
3. NAME OF DECEASED (Type or Print) <b>Herschel</b>		a. (First)		b. (Middle) <b>W.</b>		c. (Last) <b>Cockrell</b>	
4. DATE OF DEATH <b>June 23 50</b>		(Month)		(Day)		(Year)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 10 1884</b>	
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR <b>13</b>		IF UNDER 2 HRS. <b>1</b>		IF UNDER 15 MIN. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stockman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stockman</b>		11. BIRTHPLACE (State or foreign country) <b>Newton Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>F. B. Cockrell</b>		13b. MOTHER'S MAIDEN NAME <b>Leana DePriest</b>		14. NAME OF HUSBAND OR WIFE <b>Hattie Cockrell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <b>Hattie Cockrell</b> ADDRESS <b>Diamond, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocarditis 10 days</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>33.4X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 28</b> , 19 <b>50</b> , to <b>June 23</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>June 23</b> , 19 <b>50</b> , and that death occurred at <b>6:20 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Allice Parnell</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Stella Mo 6-2487</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/25/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dice Cemetary</b>		24d. LOCATION (City, town, or county) (State) <b>2 Mi. W. Fairview, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 30-1950</b>		REGISTRAR'S SIGNATURE <b>Mrs. Allice Parnell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm Morris Tope</b>		ADDRESS <b>Wheaton, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 750-150

Date Filed JUL 2 1950

**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 .....  
Student Embalmer

Signed James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Whiaton 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.