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

FILED NOV 21 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36120

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 40

**1. PLACE OF DEATH**
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW (ALEXANDER)
c. LENGTH OF STAY (In this place): 15 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: BENTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW 5 Miles South
d. STREET ADDRESS (If rural, give location): (ALEXNDER TOWNSHIP)

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): ELIZABETH
c. (Last): COCHRAME

**4. DATE OF DEATH** (Month) (Day) (Year): Nov 11, 1950

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: July 23, 1865
**9. AGE** (In years last birthday): 85 — If under 1 year: Months 3, Days 18 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (State or foreign country): Mt Pulaski, Ill
**12. CITIZEN OF WHAT COUNTRY**: U.S.
**13a. FATHER'S NAME**: George W. Ripley
**13b. MOTHER'S MAIDEN NAME**: Martha J. Downing
**14. NAME OF HUSBAND OR WIFE**: —
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: NO
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Michael Jennett — **ADDRESS**: Warsaw, Mo

**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): Senility — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

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.*

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**19a. DATE OF OPERATION**: _____
**19b. MAJOR FINDINGS OF OPERATION**: _____
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.: _____
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: _____

22. *I hereby certify that I attended the deceased from* Sept 2, 1950, *to* Nov 11, 1950, *that I last saw the deceased alive on* Nov 11, 1950, *and that death occurred at* 7:15 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Eric Hall (Degree or title) DO
**23b. ADDRESS**: Warsaw, Mo
**23c. DATE SIGNED**: 11/12/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: Nov 13, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Caney, Kansas
**24d. LOCATION** (City, town, or county) (State): Caney, Kansas

**DATE REC'D BY LOCAL REG.**: Nov. 12. 1950
**REGISTRAR'S SIGNATURE**: Jas. A. Logan R3
**25. FUNERAL DIRECTOR'S SIGNATURE**: John F Roser — **ADDRESS**: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-20-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-20-50

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**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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

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