

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20390

State File No.

2730

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. _____

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>55 years</u> | | d. STREET ADDRESS (If rural, give location) <u>2826 CAMPBELL STREET</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2826 Campbell St.</u> | | | |

| | | | | | |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>B.</u> c. (Last) <u>Cockrill</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1952</u> | | |
|--|--|--|---|--|--|

| | | | | | | | | | |
|----------------------|--|-------------------------------|--|---|--|---------------------------------------|--|---|--|
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>JAN. 25, 1871</u> | | 9. AGE (in years last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | |
|----------------------|--|-------------------------------|--|---|--|---------------------------------------|--|---|--|

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Frankfort Connecticut</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
|--|--|---|--|---|--|--|--|

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Charles M. Buford</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELLEN MATHENS</u> | | 14. NAME OF HUSBAND OR WIFE <u>FRANK M. COCKRILL</u> | |
|---|--|--|--|--|--|

| | | | | | |
|---|--|-------------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ROBERT S. GREENE RAYTOWN Mo.</u> | |
|---|--|-------------------------------------|--|--|--|

| | | | | | |
|---|--|---|--|---|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Hypertension & arteriosclerosis</u> | | | |
| | | DUE TO (c) <u>Fracture</u> | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

| | | | | | |
|------------------------|--|----------------------------------|--|---|--|
| 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 4-12-52 to 6-13, 1952 that I last saw the deceased alive on 6-13, 1952, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

| | | | | | |
|--|--|-------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE OF REGISTRAR <u>H. M. Shapiro</u> (Degree or title) | | 23b. ADDRESS <u>658 E. 1st Bldg</u> | | 23c. DATE SIGNED <u>6-14-52</u> | |
|--|--|-------------------------------------|--|---------------------------------|--|

| | | | | | | | |
|---|--|-------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JUNE 14 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | |
|---|--|-------------------------------|--|---|--|---|--|

| | | | | | |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>6-16-52</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons 1331 Brook Creek Kansas City Mo.</u> | |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

4

5. No. 300
v. 10.48

FILED JUL 5 1952

11/13/12

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 R. Sidman

Licensed Embalmer No. 4581

P. O. Address Kansas City, 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.