

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21583

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 298

09103

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Doniphan</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan,</u> <u>0910</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grand Ave.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) _____ c. (Last) <u>Cochran</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-1952</u> | | |
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|--------------------|-------------------------------|---|-----------------------------------|---|---|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>2-15-1892</u> | 9. AGE (In years last birthday) <u>60</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 WKS. Hours _____ Mts. _____ |
|--------------------|-------------------------------|---|-----------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Keeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Newton Cochran</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Young</u> | 14. NAME OF HUSBAND OR WIFE <u>Susan Grace Cochran</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Susan Grace Cochran</u> ADDRESS <u>Doniphan, Mo.</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of heart</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>and lung</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E-981X</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Doniphan Ripley MO</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 20 52 7:30 A.M.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>G.S.W.</u> |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

| | | |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Frank C. Johnson M.D.</u> | 23b. ADDRESS <u>Doniphan MO</u> | 23c. DATE SIGNED <u>6/25/52</u> |
|---|---------------------------------|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-23-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-1-52</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>277</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Black-Edwards Funeral Home Doniphan, Mo.</u> |
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2017 OCT 11

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.

Signed.....
Student Embalmer

Signed

George A. Kerby

Licensed Embalmer No. *4752*

P. O. Address *Daniphan, m*

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.