

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 7 1952

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 72

0540

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

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREDON</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD, MO</u>	<u>4773</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 MI WEST OF CONCORDIA, MO</u>		d. STREET ADDRESS (If rural, give location) <u>238 ALDRIDGE ST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEWIS</u> b. (Middle) <u>W</u> c. (Last) <u>COCHRAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-31-52</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>APRIL 28, 1925</u>	9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NOT KNOWN</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>KIRKWOOD MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HERBERT H. COCHRAN</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH CRAWFORD</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>KOREA</u>	16. SOCIAL SECURITY NO. <u>NOT KNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SARAH JOHNSON</u> ADDRESS <u>KIRKWOOD MO 238 ALDRIDGE ST.</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>OF myocardial infarction + renal failure</u> (b) <u>Fracture of femur</u> (c) <u>Fracture of radius + ulna</u> (d) <u>Brain injury</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last.</u> DUE TO (c) <u>Car he was driving, struck with</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>abatement of Missouri Public RA under no 40 highway 4 miles west of Concordia, Mo.</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No 40 highway</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Concordia Lafayette Co. Mo</u>
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21d. TIME OF INJURY <u>10-31-52 11 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>motor car accident</u> <u>054</u>
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22. I hereby certify that I attended the deceased from after death, on Oct 31, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W E Martin, M.D. Coroner</u>	23b. ADDRESS <u>O'Leary, Mo</u>	23c. DATE SIGNED <u>11-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11/1/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD, MO JEFFERSON BARRACKS, MO</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 1-1952</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. Johns</u> ADDRESS <u>Concordia, Mo</u>
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FEB 18 1953

JUL 21 1953

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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 205-8

P. O. Address Concordia, 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.