

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44325

No. 300  
10.48  
JAN 6 - 1953

State File No. \_\_\_\_\_ Registrar's No. 3226

BIRTH NO. _____		REG. DIST. NO. <u>357</u>		PRIMARY REG. DIST. NO. <u>6249</u>		Registrar's No. <u>3226</u>		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Hwywood</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Hwywood 1080</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED a. (First) <u>Barnabas</u> b. (Middle) <u>Lafayette</u> c. (Last) <u>Cochran</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 52</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 1 - 1861</u>		
9. AGE (In years last birthday) <u>91</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>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Non-Farm.</u>		11. BIRTHPLACE (State or foreign country) <u>Vernon Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Barnabas Cochran</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Carr</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Belle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. E. Cochran</u> ADDRESS <u>Mills, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration of Foreign Body</u> 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. <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>  <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>108</u> <u>E9360</u> <u>22</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>did not attend - had not been attended for 25 days</u> , that I last saw the deceased <u>alive on</u> , 19 <u>52</u> , and that death occurred at <u>2:40 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. E. Cochran</u> (Degree or title)				23b. ADDRESS <u>Mills, Mo.</u>		23c. DATE SIGNED <u>12-28-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/28/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mills Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 5 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs Ruth Faith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Becky Anne Home Shields</u> ADDRESS <u>Mills, Mo.</u>				

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

80  
1

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed L. Gerald Beener

Signed.....  
Student Embalmer

Licensed Embalmer No. 4383

P. O. Address St. Ida, 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.