

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34830**

FILED OCT 14 1953

BIRTH NO. _____		REG. DIST. NO. 358		PRIMARY REG. DIST. NO. 6212		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Vermon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Vermon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood		c. LENGTH OF STAY (In this place) 10 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood		1080 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home				d. STREET ADDRESS no			
3. NAME OF DECEASED (Type or Print) JERMIRAH F. COCHRAN			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 10 - 5 - 53	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-25-1970		9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, past if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 9		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph B Cochran		13b. MOTHER'S MAIDEN NAME Mother J. Lane		14. NAME OF HUSBAND OR WIFE Lona Cochran			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis				INTERVAL BETWEEN ONSET AND DEATH abt. 2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage				26 days	
		DUE TO (c)					
		II. 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 331X				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) (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 9-11 , 19 53 , to 10-5 , 19 53 , that I last saw the deceased alive on 9-30 , 19 53 , and that death occurred at 11:40 ^{a.m.} , from the causes and on the date stated above.							
23a. SIGNATURE C. Sunderwirth				23b. ADDRESS 202 El Dorado Spgs.		23c. DATE SIGNED 10-6-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10/7/53	24c. NAME OF CEMETERY OR CREMATORY Harwood Cemetery		24d. LOCATION (City, town, or county) (State) Harwood Mo		
DATE REC'D BY LOCAL REG. 10-7-53		REGISTRAR'S SIGNATURE Bliss B. Daily		25. FUNERAL DIRECTOR'S SIGNATURE William G. ...		ADDRESS Harwood Mo	

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

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