

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **120**

1. PLACE OF DEATH
 a. COUNTY **Vernon**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nevada**
 c. LENGTH OF STAY (In this place) **6 days**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **St Clair**
 c. CITY OR TOWN **El dorado Spgs.**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **Rout#4 El Dorado Spgs. 0930 /**

3. NAME OF DECEASED
 a. (First) **BENJAMIN** b. (Middle) **H.** c. (Last) **COCHRAN**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **7-3-54**
5. SEX **male** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **married** **8. DATE OF BIRTH** **Aug. 23, 1888** **9. AGE** (In years last birthday) **65** 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) **farmer** **10b. KIND OF BUSINESS OR INDUSTRY** **own farm** **11. BIRTHPLACE** (City and State or Foreign Country) **St. Clair County, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Isaac Cochran** **13b. MOTHER'S MAIDEN NAME** **Nancy Jane Hall** **14. NAME OF HUSBAND OR WIFE** **Lula Cochran**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **none** **16. SOCIAL SECURITY NO.** **none** **17. INFORMANT'S SIGNATURE OR NAME** **Lula Cochran** **ADDRESS** **RT#4 El Dorado Spgs. Mo.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Hypertension**
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 days
1 yr +

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **331X** **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from June 28, 1954, to July 3, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 5:28 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Thos W. Beane MD** **23b. ADDRESS** **Levada, Mo** **23c. DATE SIGNED** **July 6 '54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **7-6-54** **24c. NAME OF CEMETERY OR CREMATORY** **El Dorado Springs** **24d. LOCATION** (City, town, or county) (State) **El Dorado Springs, Mo**

DATE REC'D BY LOCAL REGISTRAR **7-6-'54** **REGISTRAR'S SIGNATURE** **Carma & Ferd** **451** **25. FUNERAL DIRECTOR'S SIGNATURE** **Herman Carothers** **ADDRESS** **El Dorado Spgs. Mo.**

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

MAR 1 1957

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.....
Signature of Student Embalmer

Signed..... *Max W. Pickering*

Licensed Embalmer No..... *467*

P. O. Address..... *El Dorado*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.