

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11842**
1490

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson** 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (in this place) **40 yrs.**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **508 Knickerbocker Place** STREET ADDRESS (If rural, give location) **48 508 Knickerbocker Place 3488**

3. NAME OF DECEASED (Type or Print) **MARY** a. (First) b. (Middle) c. (Last) **COCKRILL** 4. DATE OF DEATH (Month) (Day) (Year) **April 3, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 1** 8. DATE OF BIRTH **March 17, 1867** 9. AGE (In years last birthday) **88** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Platte County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Huston McFarland** 13b. MOTHER'S MAIDEN NAME **Susanna Hernden** 14. NAME OF HUSBAND OR WIFE **Clinton Bartlett Cockrill**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Helen Cockrill** ADDRESS **508 Knickerbocker Pl., K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypostatic Pneumonia** INTERVAL BETWEEN ONSET AND DEATH **48 hrs.**
ANTECEDENT CAUSES **U virus B. brachytis** DUE TO (b) **1 wk**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Gen. ant. Scler.** **501 X**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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 (Month) (Day) (Year) (Hour) OF INJURY _____ 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 **4 am**, 19**55**, to **2 am**, 19**55**, that I last saw the deceased alive on **2 apr**, 19**55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Robert M. Myers** (Degree or title) **M.D.** 23b. ADDRESS **1025 Platte Bldg** 23c. DATE SIGNED **4 apr 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4-5-55** 24c. NAME OF CEMETERY OR CREMATORY **Platte City** 24d. LOCATION (City, town, or county) (State) **Platte City, Missouri**

DATE REC'D BY LOCAL REG. **4-4-55** REGISTRAR'S SIGNATURE **Neva Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **STINE & McCLURE UND. CO.** ADDRESS **K.C. MO.**

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

Robert F. Meyer

EJY 11:15 AM

1025 Biolo to Bldg.

Vi 4751

about 11:15 AM

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 *Robert F. Meyer*

Licensed Embalmer No. *48*

P. O. Address *KC 9*

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.