

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9769

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5728 Registrar's No. 91

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> | |
| b. CITY OR TOWN <u>Rural Round Grove</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Round Grove</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #2, Macon</u> | | d. STREET ADDRESS (If rural, give location) <u>RFD. 2 Macon</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Alice</u> c. (Last) <u>Cochrane</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 27 1956</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 18, 1872</u> |
| 9. AGE (In years last birthday) <u>84</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Ill.</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>John L. Parraick</u> | | 13b. MOTHER'S MAIDEN NAME <u>Cinderella Shawl</u> | 14. NAME OF HUSBAND OR WIFE <u>Dec.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Glen Cochrane</u> ADDRESS <u>Macon, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Liver</u> 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 | 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 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 <u>Jan. 1951</u> , to <u>Mar. 27, 1956</u> , that I last saw the deceased alive on <u>Mar. 27, 1956</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>G. D. Mason</u> (Degree or title) <u>Dr.</u> | | 23b. ADDRESS <u>Macon, Missouri</u> | 23c. DATE SIGNED <u>5/30/56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 30, 56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u> | 24d. LOCATION (City, town, or county) (State) <u>Lokenan, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>3/31/56</u> | REGISTRAR'S SIGNATURE <u>Cliff M. Sweeney</u> | 25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS <u>Lester Hutton Macon, Mo.</u> | |

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

RECEIVED 3.2.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 386.50
Date Filed 3.3.56

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
Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.