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FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10112

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 271 PRIMARY REG. DIST. NO. 4410 Registrar's No. 20

1. PLACE OF DEATH  
a. COUNTY Phelps  
b. CITY (If outside corporate limits, write RURAL and give town) St. James  
c. LENGTH OF STAY (In this place) 5 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Soldiers Federal Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Crawford  
c. CITY OR TOWN Dillard  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 0287

3. NAME OF DECEASED  
a. (First) ELIZA b. (Middle) BELLE c. (Last) COCKRAN  
4. DATE OF DEATH (Month) (Day) (Year) March 21, 1956

5. SEX female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
8. DATE OF BIRTH March 26, 1867 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) Crawford County, Missouri.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alfred Chandler 13b. MOTHER'S MAIDEN NAME Malinda Parks 14. NAME OF HUSBAND OR WIFE Jesse Cockran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Virgil Brooks, Davisville, Mo. 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.  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Viral Meningitis = VIRUS = malnutrition  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Atherosclerosis  
DUE TO (c) \_\_\_\_\_  
11. 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  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) 492x

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 3-16 to 3-21, 1956 that I last saw the deceased alive on 3-21, 1956 and that death occurred 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Just. Frank Krebs, M.D. 23b. ADDRESS H. James, M.D. 23c. DATE SIGNED 3-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 3/23/56 24c. NAME OF CEMETERY OR CREMATORY Dillard Cemetery 24d. LOCATION (City, town, or county) (State) Dillard, Missouri

DATE REC'D BY LOCAL REG. 3-23-56 REGISTRAR'S SIGNATURE Ruth B. Powell 25. FUNERAL DIRECTOR'S SIGNATURE Thomas S. Stewart ADDRESS Steelville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 368

Date Filed MAR 29 1956

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Thomas S. Herbert

Licensed Embalmer No. 433

P. O. Address Steelville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.