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FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21332

State File No.

BIRTH NO. _____ REG. DIST. NO. 281 PRIMARY REG. DIST. NO. 3048 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Maryville - rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 1/2 wks</u>		e. STREET ADDRESS (If rural, give location) <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Nettie</u> b. (Middle) <u>Cockayne</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 20 - 1956</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>7-20-1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Des Moines Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Cockayne</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Riffle</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harve Cockayne</u> ADDRESS <u>Maryville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u> <u>5-10 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arterio-sclerosis</u>		
	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 <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) <u>331X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 11/15, 1955, to 6/20, 1956, that I last saw the deceased alive on 6/20, 1956, and that death occurred at 12 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>6/27/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-22-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Maryville, Mo</u>

DATE REC'D BY LOCAL REG. <u>6-30-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Maryville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *G M Atcheson*.....

Licensed Embalmer No. *227*.....

P. O. Address *Mayville*.....

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.