

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26196**

FILED AUG 22 1956

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY CALDWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAYMER		c. LENGTH OF STAY (in this place) 6 YRS.	c. CITY OR TOWN BRAYMER
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY LIMITS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) EELLEN c. (Last) COCHRAN		4. DATE OF DEATH (Month) (Day) (Year) 5/3/1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6/27/1875
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days 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 RETIRED	
11. BIRTHPLACE (City and State or Foreign Country) RAY CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME THORNTON SETTLE		13b. MOTHER'S MAIDEN NAME MALISSA LYNCH	
14. NAME OF HUSBAND OR WIFE OLIVER COCHRAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS OLIVER COCHRAN, BRAYMER, MO.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pyelonephritis		DUPLICATE		many years	
ANTECEDENT CAUSES		DUPLICATE		many years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Arteriosclerosis		many years	
		DUE TO (c) Generalized Arteriosclerosis		many years	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE		many years	
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) m.		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 **Feb. 22, 1956**, to **May 3, 1956**, that I last saw the deceased alive on **May 3, 1956**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. S. Goldberg M.D.		23b. ADDRESS Braymer, Mo		23c. DATE SIGNED 5/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/6/1956		24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY	
		24d. LOCATION (City, town, or county) (State) BRAYMER, MO.			

DATE REC'D BY LOCAL REG. 8-14-56		REGISTRAR'S SIGNATURE Mr. Ruth Anne Zupat		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geneb. Michael, Braymer, Mo.	
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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 *Geneb. Michael*

Licensed Embalmer No. *431*

P. O. Address *Braymer*

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.