

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 017511

STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <input checked="" type="checkbox"/>	
b. CITY <sup>outside corporate limits, give TOWNSHIP only</sup> <b>Warburg Twp.</b> Inside Limits OR <b>Warburg Twp.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Curtis Rest Home</b>		Length of stay in 1b <b>5 mos</b>	
d. STREET ADDRESS <b>87th &amp; Blue Ridge</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ROSE</b> Middle Last <b>COCHRAN</b>			4. DATE OF DEATH Month <b>May</b> Day <b>29</b> Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 10, 1864</b>
9. AGE (In years last birthday) <b>92</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>	11. BIRTHPLACE (City and state or country) <b>Cooper Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Matthew Cochran</b>	
13b. MOTHER'S MAIDEN NAME <b>Adeline Pettit</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Alma M. Adams, Erie, Pennsylvania</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Dis.</b> <b>Congestive Heart Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4200</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Independence, Missouri</b>	
21. I attended the deceased from <b>Jan. 4, 1957</b> to <b>5/29/57</b> and last saw her alive on <b>5/13/57</b> Death occurred at <b>87th - Blue Ridge 837</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A. L. O'Connell M.D.</b> (Degree or title)		22b. ADDRESS <b>12714 So. 71 Hwy</b>	
22c. DATE SIGNED <b>Mo. 5/25/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-31-1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>		23d. LOCATION (City, town, county) (State) <b>Independence, Missouri</b>	
24. FUNERAL DIRECTOR <b>George C. Carson, Independence, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5/31/57</b>	
26. REGISTRAR'S SIGNATURE <b>Berly E. Osmond</b>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 7 1957

JUN 4 1957

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 *David E. Keckel*

Licensed Embalmer No. *4609*

P. O. Address *Independence, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.