ot. Health,
, & Welfare
S. Public
lth Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 82524-57

43814
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville, Mo. Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville, Hosp. Length of stay in 1b 7 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Smithville, Mo. Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First James Middle Robert Last Cockriel II
4. DATE OF DEATH Month Dec. Day 5 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED X WIDOWED DIVORCED
8. DATE OF BIRTH Nov. 28, 1957
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Smithville, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME James Robert Cockriel
14. MOTHER'S MAIDEN NAME Jimmy Lou Anderson
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 James R. Cockriel Address Ferrelview, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTRAVENTRICULAR SEPTAL DEFECT — INTERVAL BETWEEN ONSET AND DEATH 7
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) MONGOLISM — 7
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Bilateral Bronchopneumonia 7542
19. WAS AUTOPSY PERFORMED? YES X NO
20a. ACCIDENT SUICIDE HOMICIDE
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 28, 1957 to Dec. 5, 1957 and last saw ~~her~~ him alive on Dec 5, 1957
Death occurred at 6 12 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David R. Chiles M.D. (Degree or title)
22b. ADDRESS Smithville, Mo
22c. DATE SIGNED 12/6/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Dec. 5, 1957
23c. NAME OF CEMETERY OR CREMATORY Second Creek Cemetery
23d. LOCATION (City, town, or county) Platte County, (State) Mo.
24. FUNERAL DIRECTOR Rollins & Mitchell ADDRESS Platte City, Missouri
25. DATE RECD. BY LOCAL REG. 12-7-57
26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

4
RECEIVED
DEC 16 1957
CLAY CO.,
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roland M. Giffee

Licensed Embalmer No. 4725

P. O. Address Platte City, Mo

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