

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000434

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamilton Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in lb 8 Yrs.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Caldwell
c. CITY OR TOWN Hamilton 0130 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
William Thomas Cochran
4. DATE OF DEATH Month Day Year
Jan. 12, 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED 3 DIVORCED
8. DATE OF BIRTH Aug. 18, 1909 9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Decorator 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Savannah, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Cochran 13b. MOTHER'S MAIDEN NAME Naomi Evans 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II 16. SOCIAL SECURITY NO. 510-03-6533 17. INFORMANT Mrs. Ann Austin Address Hamilton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary embolism
Coronary infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 NO 0

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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 Jan 12 1959 and last saw him alive on Jan 12 1959
Death occurred at 4:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Edsall D.O. 2 (Degree or title) 22b. ADDRESS Hamilton, Mo. 22c. DATE SIGNED 1-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-14-1959 23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery 23d. LOCATION (City, town, or county) (State) Hamilton, Mo.

24. FUNERAL DIRECTOR Morris A. Bram ADDRESS Hamilton, Mo. 25. DATE RECD. BY LOCAL REG. 1-15-59 26. REGISTRAR'S SIGNATURE Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

300
-57

H. P. Edsall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Dale A. Aldfield*

Licensed Embalmer No. *4540*

P. O. Address. *Hamilton,*

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.