

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004221
State File No.

FILED JAN 27 1959

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> <u>Mo</u>	
c. LENGTH OF STAY (to this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>N. JACKSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>A</u> c. (Last) <u>Cochran</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2-1959</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Cau</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Apr 18-1898</u>		9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR: Hours Min. <u>8 3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson Co. Mo.</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Joseph B. Cochran</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha J. Lane</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Cochran</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. 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? <u>2</u> 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>332x</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 12-28-59 to 1-2, 1959, that I last saw the deceased alive on 1-1-, 1959, and that death occurred at 2:15 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm C Sanderwitz M.D.</u> (Degree or title)		23b. ADDRESS <u>El Dorado Springs</u>		23c. DATE SIGNED <u>1-2-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>		24b. DATE <u>1-2-1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fort Scott, Mo. Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Griffin</u> ADDRESS <u>St. Scott Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-22-1959</u>		REGISTRAR'S SIGNATURE <u>Ormal E. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Griffin</u> ADDRESS <u>St. Scott Mo</u>	

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
Student Embalmer

Signed Richard L. Griffin

Licensed Embalmer No. 5053

P. O. Address St. Louis, Kansas

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