Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009331
STATE FILE NUMBER

FILED MAR 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1083

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Childrens Mercy Hospital — Length of stay in 1b 8 hr 35 min

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 8026 Chestnut — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Richard Middle Lee Last Cochran

4. DATE OF DEATH Month 2 Day 26 Year 59

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 7-26-58
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 7 Days — 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) ~~7-26-58~~ Garden Grove Calif.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harold Cochran
13b. MOTHER'S MAIDEN NAME Donna Rieck
14. NAME OF HUSBAND OR WIFE infant

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 Father-Harold Cochran Address 8026 Chestnut K.C. 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) Aspiration — INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Severe hypertonic dehydration — approx. 24 hrs
DUE TO (c) Diarrhea (infectious ?) — 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None. 5713
19. WAS AUTOPSY PERFORMED? YES ☐ 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 2/25/59 4:00 PM, to 2/26/59 12:35 AM and last saw her/him alive on 2/26/59
Death occurred at 12:35 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R D Parman M.D.
22b. ADDRESS Children's Mercy Hospital
22c. DATE SIGNED 2/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE Mch. 1, 1959
23c. NAME OF CEMETERY OR CREMATORY PALESTINE CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS-KANSAS CITY, MO. 1331 BRUSH CREEK
25. DATE RECD. BY LOCAL REG. 2-27-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. D. Parman

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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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address KC 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.