

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022455

STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Pulaski Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Big Piney, Mo		c. CITY OR TOWN Big Piney, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		STREET ADDRESS (If outside, give location) None.	
Length of stay in lb 1 yr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Carol Sue Cochran.			4. DATE OF DEATH Month Day Year June 13, 1959			
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 8, 1948	9. AGE (In years last birthday) 11	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) None.		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Trinidad, Ind.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Morgan Lewis Cochran	13b. MOTHER'S MAIDEN NAME Jane Mitten.	14. NAME OF HUSBAND OR WIFE None.
--	---	--------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None.	17. INFORMANT Morgan L. Cochran	Address Big Piney, 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) SUFFOCATION		INTERVAL BETWEEN ONSET AND DEATH 10 MIN
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) 3533		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Little Girl was subject to Epileptic Seizures	
20c. TIME OF INJURY Hour Month, Day, Year 5:00 a.m. 6-13-1959	FELL INTO POND DURING ONE OF THESE ATTACKS	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Big Piney	COUNTY 095 Pulaski	STATE MO
21. I attended the deceased from 5:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw her alive on JUNE 13-1959		

22a. SIGNATURE Wedges Family Co RAVOR 3	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 6/15/59
--	---------------------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/15/59	23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery	23d. LOCATION (City, town, or county) (State) Big Piney, Missouri
---	----------------------	---	--

24. FUNERAL DRESS Wedges Funeral Home	25. DATE RECD. BY LOCAL REG. 6-26-59	26. REGISTRAR'S SIGNATURE C. J. Anderson
--	---	---

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

300
1-57

8-0

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 *Clarence Thross*

Licensed Embalmer No. *4896*
P. O. Address *Waynesville, N.C.*

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.