

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034902

FILED VS OCT 5 1959

Registration District No. **337** Primary Registration District No. _____ Registrar's No. **83**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville		Length of stay in 1b 3 Days	c. CITY OR TOWN Shelbina Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill Nurse Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Blanche Elizabeth Cochrane			4. DATE OF DEATH Month Day Year Sept 28th 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/29/1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 6 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (City and state or country) Lakenan Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Lyman Kellogg		13b. MOTHER'S MAIDEN NAME Josephine Fulmer		14. NAME OF HUSBAND OR WIFE Fred Cochrane		
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. No		17. INFORMANT Address Fred Cochrane Shelbina 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) <i>Cause of death not determined</i> <i>She collapsed while sitting in a chair - sudden death</i> DUE TO (b) <i>Previous trouble had been of the nature of a psycho neurosis</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>about 12:10 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>P. C. Cochran M.D.</i>		22b. ADDRESS <i>Shelbyville Mo</i>	22c. DATE SIGNED <i>10-1-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/30/59	23c. NAME OF CEMETERY OR CREMATORY Kendall Cemetery	23d. LOCATION (City, town, or county) (State) Kendall Mo
24. FUNERAL DIRECTOR Barkelaw & Davis		ADDRESS Shelbina Mo	25. DATE RECD. BY LOCAL REG. 10-5-59 26. REGISTRAR'S SIGNATURE <i>Thomas C. Durdon</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 8 1959
6661 8 100 SR

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 Henry A. Barklee

Licensed Embalmer No. 3835
P. O. Address Shelburne - VT

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.