

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-024163**

FILED VS JUL 12 1960

Registration District No. 297 Primary Registration District No. 0057 Registrar's No. 82

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Ray</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		Length of stay in 1b <u>1 year</u>		c. CITY OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clemens Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>East Main Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Deborah</u> Middle <u>Cochran</u> Last <u>Cochran</u>				4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-20-1881</u>		9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Charles N. Dodge</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen Ramsden</u>				14. NAME OF HUSBAND OR WIFE <u>Tom Cochran</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Tom Cochran, Richmond, Missouri</u>							
18. CAUSE OF DEATH (Enter only one cause per line of (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascula Accident</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <u>6-8-60</u> to <u>death</u> and last saw her alive on <u>6-28-60</u> Death occurred at <u>6:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>J. Crozier, M.D.</u> (Degree or title)						22b. ADDRESS <u>Richmond, Mo.</u>			22c. DATE SIGNED <u>7-1-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-2-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>South Point Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>						
24. FUNERAL DIRECTOR <u>Thomas J. Carter</u> ADDRESS <u>Richmond, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>7-5-1960</u>		26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas J Carter

Licensed Embalmer No. 4474

P.O. Address Richmond, Miss

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.