

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028009

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

833

Primary Registration District No.

3074

Registrar's No.

125

STATE FILE NUMBER

AMENDED

Registration District No. FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 1 day	c. CITY OR TOWN Lutesville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#3, Box 55A Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHNNIE Middle GARLAND Last COCHRAN	4. DATE OF DEATH Month 7 Day 12 Year 1961
---	---

5. SEX MALE	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 3-1-21	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months 4 Days 11	IF UNDER 24 HR Hours 11 Min.
-----------------------	----------------------------------	---	-----------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) London, Ark	12. CITIZEN OF WHAT COUNTRY USA
---	--	--	---

13a. FATHER'S NAME J. T. COCHRAN	13b. MOTHER'S MAIDEN NAME Lou FREEMAN	14. NAME OF HUSBAND OR WIFE Cletus HAZEL COCHRAN
--	---	--

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 Cletus Cochran, Lutesville, Mo. Address R#3
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain damage (Less than 24hrs) INTERVAL BETWEEN ONSET AND DEATH unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Extra dural hematoma severe unknown
	DUE TO (c) Blow to left side of head unknown

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.) unknown
---	---	--

20c. TIME OF INJURY Hour 7-12 a.m. 61 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown	20f. CITY, TOWN, OR LOCATION New Madrid, Mo.	COUNTY Mo.	STATE
---	---	--	--	----------------------	-------

21. I attended the deceased from 7:30 AM to 5:45 PM and last saw him alive on 7-12-61 Death occurred at 5:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John P. Sargent, M.D. (Degree or title)	22b. ADDRESS 707 Tanner St. Sikeston, Mo.	22c. DATE SIGNED 7-12-61
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-15-61	23c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery	23d. LOCATION (City, town, or county) (State) Bollinger Co. Mo.
--	-----------------------------	--	---

24. GENERAL DIRECTOR W. H. Morgan, Advance, Mo.	25. DATE RECD. BY LOCAL REG. 7-15-61	26. REGISTRAR'S SIGNATURE Mr. E. L. Hunter
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W^m H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, M

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.