

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 1917  
 7917 -61-030630  
 STATE FILE NUMBER

318

1005

Registration District No. 318 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

AMENDED

FILED AUG 31 1961

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>City of St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>                           |  | Length of stay in 1b <u>20 days</u>   | c. CITY OR TOWN <u>Whiteside</u>                          |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <u>None</u> |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                           |  |   |   |

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|---|-------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>FRANK</u> Middle <u>Block</u> Last <u>COCHRAN</u>                 |                               |   | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>23</u> Year <u>1961</u> |  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/5/1873</u>                                       | 9. AGE (last birthday) <u>88</u>                           | IF UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  | 11. BIRTHPLACE (City and state or country) <u>Lincoln County, Mo.</u>  | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>                |  |
| 13a. FATHER'S NAME <u>John Cochran</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Betty Knox</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Maude Gladney 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. _____   |  | 17. INFORMANT Address <u>Delores Cochran 9227 Delphine</u> |  |

|  |                                     |  |                                  |
|--|-------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                     |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>   |                                     |  | <u>19 days</u>                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Chr. Myocarditis</u>  |  | <u>5 yrs</u>                     |
|  | DUE TO (c) <u>Arterio-sclerosis</u> |  |                                  |

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|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4221</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

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|--|---|--|
| 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<br>Hour _____ a.m. _____ p.m.<br>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>Aug 5, 1961</u> to <u>Aug 23, 1961</u> and last saw <sup>her</sup> him alive on <u>Aug 23, 1961</u><br>Death occurred at <u>10:30 PM Aug 23, 1961</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |                                 |
| 22a. SIGNATURE (Degree or title) <u>M. A. Siehn M.D.</u>   | 22b. ADDRESS <u>9385 Page Blvd St. Louis 14, Mo</u> | 22c. DATE SIGNED <u>8/24/61</u> |

|  |                          |  |   |
|--|--------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>8/23/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mill Creek</u> | 23d. LOCATION (City, town, or county) (State) <u>Lincoln County, Mo</u> |
|--|--------------------------|--|---|

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|--|---|--|
| 24. FUNERAL DIRECTOR ADDRESS <u>Kemper-Marsh E. H. - Troy, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>AUG 24 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u> |
|--|---|--|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr.M.A.Diehr  
9385 Page Ave  
Until 2 P.M.  
Ha.8-8100

**STATEMENT BY LICENSED EMBALMER**

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 Joseph J. March, Jr.

Licensed Embalmer No. 5105

P. O. Address Troy, 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.