

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033588
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 329

FILED OCT 9 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b 39 Days	c. CITY OR TOWN Shelbina Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 312 East Beech Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First George Middle Evans Last Cochrane			4. DATE OF DEATH Month September Day 29 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 5/6/1874	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer & Railroad - Own Farm		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Shelby County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Alexander Cochrane		13b. MOTHER'S MAIDEN NAME Corella Evans		14. NAME OF HUSBAND OR WIFE Mary Harrison Cochrane		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic) No			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Geo. Cochrane, Shelbina, Mo. Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Infectious pulmonary embolism INTERVAL BETWEEN ONSET AND DEATH immediate

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)
Bronchopneumonia
amputation, below knee due to gangrene secondary arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 8-20-61 to 9-27-61 and last saw her him alive on 9-28-61
Death occurred at 12:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Thelma B. Foreman M.D.</u>	22b. ADDRESS <u>711 Grand Ave, Hannibal Mo.</u>	22c. DATE SIGNED <u>9-30-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 1, 1961	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	23d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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24. FUNERAL DIRECTOR Hayes Funeral Home, Shelbina, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 10/2/61	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Duke by Lillian M. Foreman</u>
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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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shellina,

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.