MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-046826
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6642

FILED JAN 14 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 1 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osteopathic Hosp. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Miller
c. CITY OR TOWN: Brumley — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): RR # 1 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Jabe Middle: (NMI) Last: Cochran

4. DATE OF DEATH: Month: Dec Day: 27 Year: 1962

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-14-1908
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agi
11. BIRTHPLACE (City and state or country): Brumley, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: W G. Cochran
13b. MOTHER'S MAIDEN NAME: Martha Wiseman
14. NAME OF HUSBAND OR WIFE: Chloe 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.:
17. INFORMANT: Wayne Cochran — Address: Kc. Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial failure	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cor Pulmonale	25 years
DUE TO (c)	Chronic asthma	40 years

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Dec. 25, 1962 to Dec. 27 1962 and last saw him alive on Dec. 27, 1962.
Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Myron D. Jones (Degree or title) DO
22b. ADDRESS: 926 E. 11th st
22c. DATE SIGNED: 12-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-30-62
23c. NAME OF CEMETERY OR CREMATORY: Mt Union
23d. LOCATION (City, town, or county) (State): Brumley, Mo.

24. FUNERAL DIRECTOR: Hedges — ADDRESS: Brumley, Mo.
25. DATE RECD. BY LOCAL REG.: 12-28-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Myron D. Jones MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	06 60		
3			
4	0		
5	1		
6			
7	0		
8	0		
9	241X		
10			
11			
12	555-2		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FEB 19 1963

JAN 15 1963

FEB 8 1963

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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address K.C. 24, 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.