

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007953

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 64

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 13 1963

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arlington Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Old Hwy 66 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Phelps
c. CITY OR TOWN Newburg, Rt2 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Old Hwy 66 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Harry Roderick Craig Cochran March 4, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH March 25 1907 9. AGE (last birthday) 55 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min. 11 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self 10b. KIND OF BUSINESS OR INDUSTRY Station & FARMER 11. BIRTHPLACE (City and state or country) Petersberg Ind. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Harry R Cochran 13b. MOTHER'S MAIDEN NAME Mary Dennison 14. NAME OF HUSBAND OR WIFE Etta 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. [redacted] 17. INFORMANT Address Etta Cochran Newburg Rt2 Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Struck By lightning INTERVAL BETWEEN ONSET AND DEATH Instantly
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. 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.) Struck by lightning while working on farm.

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.) on farm 20f. CITY, TOWN, OR LOCATION COUNTY STATE near Newburg Phelps Mo.

21. I attended the deceased from 19 66 to March 4 1963 and last saw him alive on 2 weeks ago
Death occurred at instantly March 4, 1963 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Rolla Mo 22c. DATE SIGNED 3/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/7/63 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens 23d. LOCATION (City, town, or county) (State) Rolla, Mo.

24. FUNERAL DIRECTOR ADDRESS Lee Johnson Newburg, Mo. 25. DATE RECD. BY LOCAL REG. Mar. 6, 1963 26. REGISTRAR'S SIGNATURE Madame L. Stoll

USE BLACK INK OR TYPEWRITER RIBBON

MAR 14 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

W. L. Strawhorn

Licensed Embalmer No.

5043

P. O. Address

Newburg, 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.