

CERTIFICATE OF DEATH

124 69 0048941

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 94

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST 1 Nathan Joseph COCHRAN			SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 Dec. 12, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4 White		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 5a 80	UNDER 1 YEAR UNDER 1 DAY HOURS MIN. 5c	DATE OF BIRTH (MONTH, DAY, YEAR) 6 Feb. 1, 1889	COUNTY OF DEATH 7a Barry
CITY, TOWN, OR LOCATION OF DEATH 7b Cassville		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d South Barry County Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8 Missouri		CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10 Widowed		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11
SOCIAL SECURITY NUMBER 12 500-09-3146-T		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a Laborer		KIND OF BUSINESS OR INDUSTRY 13b	
RESIDENCE—STATE COUNTY 14a Missouri McDonald		CITY, TOWN, OR LOCATION 14c Rocky Comfort		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d Yes	STREET AND NUMBER 14e Gen. Delivery

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME FIRST MIDDLE LAST 15 Sam Cochran			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16 Linda Jane Beck		
INFORMANT—NAME 17a Rena Harrison			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b Stark City Rt. 1, Missouri 64866		

CAUSE

PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a)	Hypostatic Pneumonia			18 hrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDERLYING CAUSE LAST		(b)	Congestive Heart Failure	
		(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a NO	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b
Chronic Brain Syndrome					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a	DATE OF INJURY (MONTH, DAY, YEAR) 20b	HOUR 20c	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d		
INJURY AT WORK (SPECIFY YES OR NO) 20e	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g			

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a 6 8 59	TO 21b 12 12 69	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c 12 11 69	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d Did not.	DEATH OCCURRED (HOUR) 21e 2:15	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22					
CERTIFIER—NAME (TYPE OR PRINT) 23a Noel E. Harris, D.O.		SIGNATURE 23b	DEGREE OR TITLE 23c	DATE SIGNED (MONTH, DAY, YEAR) 23d 12/15/69	
MAILING ADDRESS—CERTIFIER 23d		STREET OR R.F.D. NO. 23e Purdy	CITY OR TOWN 23f Mo	STATE 23g 65734	ZIP

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial	CEMETERY OR CREMATORY—NAME 24b Chitwood	LOCATION CITY OR TOWN STATE 24c Barry County, Missouri
DATE (MONTH, DAY, YEAR) 24d Dec 14, 1969	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a McQueen Funeral Home-Box 237-Wheaton, Mo., 64874	
FUNERAL DIRECTOR—SIGNATURE 25b Lomie E. Plumlee	REGISTRAR—SIGNATURE 25c Skare Williams	DATE RECEIVED BY LOCAL REGISTRAR 26b Dec 17-1969

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9: 0
10a: 80
10b: 5. 04
11: 0
12: 2
13: 427.0
14: 4
15: 4
16: 6. 0600
17:
18: 2
19. CREDITS
20. 1-0

Burial permit obtained Dec 12-69 R. W.

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 Lonnie E. Plumlee

Licensed Embalmer No. 5491

P. O. Address Wheaton, 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.