

JUL 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21527
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 76

(b) Township Cedar Primary Registration District No. 5710 B. Registered No. 12

(c) City Oldham, Mo. (d) Street No. at home near Oldham Mo. St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 265 Sterling P Cochran

(a) Residence, No. Oldham, Mo. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Ethel Cochran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1862

7. AGE YEARS 77 MONTHS 4 DAYS 10 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Store Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsburg Mo.

FATHER 13. NAME Robert Cochran

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Matilda Elliott

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Ethel Cochran (ADDRESS) Oldham, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bond Chapel DATE June 22 1939

19. FUNERAL DIRECTOR (NAME AND ADDRESS) BUESCHER FUNERAL HOME

20. FILED 7/5 11 1939 H. G. Kremer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10 1939, to June 21 1939

I last saw him alive on June 20 1939 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertrophic Cirrhosis of Liver Date of onset

Other contributory causes of importance: 10-4-2

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. P. Ferguson, M. D.

77 (Address) Ashland, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 18 1951

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,

Victor Buescher

or by

Registered Apprentice No. working under my personal supervision.

Signed

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

J.C. 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 this body is not embalmed, above space should be left blank.