

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19068

State File No. \_\_\_\_\_

Registration District No. 5789

Primary Registration District No. 5789

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural Prairie Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

(c) City or town Middletown  
(If outside city or town limits, write "RURAL")

(d) Street No. P. F. R.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Bertha Bell Cochran 265

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alexander Cochran

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 28, 1893  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>8</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Rockport, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Vonvain

18. Birthplace St. Louis County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Wyble

15. Birthplace Gamma, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Henry Vonvain

(b) Address Middletown, Missouri

17. (a) Burial (b) Date thereof 5/31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Prairie Chapel

18. (a) Signature of funeral director Jones & Wells

(b) Address Middletown, Missouri

19. (a) May 30 (b) Leah Rigg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30<sup>th</sup>  
year 1940 hour 10 sharp minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 23, 1939, to May 20, 1940;  
that I last saw her alive on May 30, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to metastasis of carcinoma tissue into heart

Due to Carcinoma of breast

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 521  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. H. R. Titus (M.D. or other) P. O.  
Address Middletown, Mo. Date signed May 31

AUG 12 1942

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W. B. Miller*

Licensed Embalmer No.....

*1588*

P. O. Address.....

*Wellerille*

**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.**