S. No. 2
DM—5-43
v. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9669

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 89

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 2 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

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

(d) Street No. 1122 East Third
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOSEPH J. COCHRAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife **********

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

7. Birth date of deceased August 19, 1885 (Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Benton County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business *****

FATHER
12. Name Joseph Cochran
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Lemmon
15. Birthplace Benton County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Cochran (bro)
(b) Address 1011 West Elm Arcade, Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Mo.

19. (a) 3/25/48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23, year 1948 hour 9:00 minute A. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as coroner 3/23/48, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Degeneration of heart	Don't know
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93P

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. K. L. Holdrin (M.D. or other) D.O.

Address 315 Fly Bldg - Sedalia, Mo. Date signed 3/23/48

coroner

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____
Date Filed 4-7-48

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 Karen K. Dietz, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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, fact should be so stated above.