

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9490

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5943</u>		Registrar's No. <u>460</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) STATE <u>Ohio</u> b. COUNTY <u>Tuscarawas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Spring Creek</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>City of Dover</u>		/ <u>33</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 Mi. SW Edgar Springs M.</u>				d. STREET ADDRESS (If rural, give location) <u>444 East Front St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sgt. Robert</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Cochran</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 29-1923</u>	
9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Army</u>		11. BIRTHPLACE (State or foreign country) <u>Uhrichsville, Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Eugene Cochran</u>			13b. MOTHER'S MAIDEN NAME <u>Alfretta Sayer</u>			14. NAME OF HUSBAND OR WIFE <u>Thelma Winkhart Cochran</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes / World War 2</u>		16. SOCIAL SECURITY NO. <u>297-12-5889</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Richard E. Cochran Box 357 Navarre, O</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Avulsions</u> ANTECEDENT CAUSES <u>Plane Crash.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Plane crashed from an altitude of approx. 7000 ft. Cause unknown.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>E 860</u> <u>39</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Edgar Springs Mo., 081</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>U.S. Airforce Plane Crash</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead on <u>Mar. 31</u> , 19 <u>49</u> , and that death occurred at <u>7:10 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. L. Stall</u> Coroner of Phelps County				23b. ADDRESS <u>Rolla Missouri</u>		23c. DATE SIGNED <u>3/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-5-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>New Philadelphia, Ohio</u>	
DATE REC'D BY LOCAL REG. <u>4-9-49</u>		REGISTRAR'S SIGNATURE <u>Nedine L. Stall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. ...</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

8100

APR 29 1948

STATEMENT BY LICENSED EMBALMER

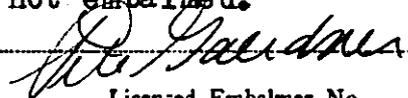
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Body not embalmed.

Signed _____



Licensed Embalmer No. _____

Signed _____
Student Embalmer

P. O. Address _____

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.