

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13331

BIRTH NO. 49-129745 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 132

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis MO</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>400 N. Moniteau</u> | | d. STREET ADDRESS (If rural, give location) <u>400 N. Moniteau</u> | |

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|-------------------------------------|--------------------------|------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Marion</u> | b. (Middle) <u>Lee</u> | c. (Last) <u>Cochran</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1949</u> |
|-------------------------------------|--------------------------|------------------------|--------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>April 16, 1949</u> | 9. AGE (In years) (last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u> IF UNDER 12 HRS. Hours <u>10</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | 11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Walter Cochran</u> | 13b. MOTHER'S MAIDEN NAME <u>Jewel Clark</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE - INFANT</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jewel Cochran</u> ADDRESS <u>400 N. Moniteau Sedalia</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Granulosa Birth</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>7/10</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
|--|--|---------------------------|

22. I hereby certify that I attended the deceased from 4/16, 1949 to 4/16, 1949, that I last saw the deceased alive on 4/16, 1949, and that death occurred at 4:15 pm, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>A. E. Hlawsky M.D.</u> | 23b. ADDRESS <u>1044 1/2 N. Jackson St. Sedalia Mo.</u> | 23c. DATE SIGNED <u>4/18-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April 19, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood</u> | 24d. LOCATION (City, town, or county) (State) <u>Sedalia MO</u> |
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| DATE REC'D BY LOCAL REG. <u>4-18-49</u> | REGISTRAR'S SIGNATURE <u>Betty Yeager</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Alexander</u> ADDRESS <u>Sedalia Mo</u> |
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RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 4-26-49

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
Student Embalmer

Signed J. Eric Alexander

Licensed Embalmer No. 4245

P. O. Address 2. Telia MD

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.