NB. 300
10.46

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

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24489

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4436 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East 7st St

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
d. STREET ADDRESS (If rural, give location): E- 3rd St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Mack c. (Last) Cochran

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 27, 1864
9. AGE (In years last birthday): 84 UNDER 1 YEAR: Months 10 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: John Cochran
13b. MOTHER'S MAIDEN NAME: Dora McAlexander
14. NAME OF HUSBAND OR WIFE: Lena Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Lena Cochran ADDRESS: Appleton City Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

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 — 4701

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 June, 1949, *to* 3 July, 1949, *that I last saw the deceased alive on* 3 July, 1949, *and that death occurred at* 6 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Appleton City
23c. DATE SIGNED: 4 July '49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5th 1949
24c. NAME OF CEMETERY OR CREMATORY: Elm Johnson Co Mo
24d. LOCATION (City, town, or county) (State): Johnson Co Mo

DATE REC'D BY LOCAL REG.: July 4 1949
REGISTRAR'S SIGNATURE: Mrs. Cleo Abney
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Frank Lee Appleton City Mo

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 7,
District File Number 6-9-8
Date Filed 7-19-4

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~~ on the 3d day of July 1949, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.