

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27304

State File No.

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>Laurie</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lauderdale</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon Mo</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Paque</u> c. (Last) <u>Cochran</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23-1949</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 6-1884</u>
9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book</u>	11. BIRTHPLACE (State or foreign country) <u>Mt Vernon Mo Rural</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		
13a. FATHER'S NAME <u>John A Cochran</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Paque</u>	14. NAME OF HUSBAND OR WIFE <u>Helin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>573-10-8242</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Cochran</u> ADDRESS <u>Lauderdale</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Overexercise - within previous 24 hrs.</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 <u>3/29</u> , 19 <u>49</u> , to <u>8/23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/23</u> , 19 <u>49</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Erineth Glover MD</u>		23b. ADDRESS <u>Mt. Vernon, Mo</u>	
23c. DATE SIGNED <u>8/24/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 25/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brick Church</u>	24d. LOCATION (City, town, or county) (State) <u>6 mi North Mt Vernon Mo</u>
DATE REC'D BY LOCAL REG. <u>August 25, 1949</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	411	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B Orr</u> ADDRESS <u>Mt Vernon</u>

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

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RECEIVED AUG 26 1949
District Health Office No. 6,
District File Number 849-982
Date Filed 8-26-49

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 George B. Orr

Licensed Embalmer No. 946

P. O. Address W. Vernon

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.