No. 300
10-48

FILED FEB 4 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1079

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 206

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

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508 KNICKERBOCKER PLACE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 508 KNICKERBOCKER PLACE

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**3. NAME OF DECEASED** (Type or Print)
a. (First): JOHN
b. (Middle): JUDSON
c. (Last): COCKRELL

**4. DATE OF DEATH** (Month) (Day) (Year): JAN. 12 1950

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: FEB. 1 1896
**9. AGE** (In years last birthday): 53 YRS. 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): CO-OWNER + MANAGER
**10b. KIND OF BUSINESS OR INDUSTRY**: CENTRAL PAPER BOX CO.
**11. BIRTHPLACE** (State or foreign country): LIBERTY, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: JAMES FRANKLIN COCKRELL
**13b. MOTHER'S MAIDEN NAME**: KATHLEEN CUNNINGHAM
**14. NAME OF ~~HUSBAND OR~~ WIFE**: ESTHER COCKRELL

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I
**16. SOCIAL SECURITY NO.**: 486-10-5878
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. ESTHER COCKRELL
**ADDRESS**: 508 KNICKERBOCKER PLACE KANSAS 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): Shock

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Laceration of Brain
DUE TO (c): Injury By Fall

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

E9020
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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Deputy Coroner
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Kansas City Jackson MO
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 1 12 50 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Fell from window 23

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 7:00 P.m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): A. E. Upsher A E Upsher G MD.
**23b. ADDRESS**: 2800 Main
**23c. DATE SIGNED**: 1/13/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: JAN. 16 1950
**24c. NAME OF CEMETERY OR ~~CREMATORY~~**: FOREST HILL CEMETERY
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

**DATE REC'D BY LOCAL REG.**: 1-16-50
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: D. W. Newcomer's Sons
**ADDRESS**: 1331 BRUSH CREEK BLVD KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

MAR 23 1950

## 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 John E. Fraking

Licensed Embalmer No. 4483

P. O. Address Kansas 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.