

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33309

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>		c. CITY OR TOWN <u>Ridgeway</u>		<u>18413</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lacy Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louella</u> b. (Middle) <u>Mae</u> c. (Last) <u>Cocklin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 21, 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 7, 1866</u>		9. AGE (In years last birthday) <u>83</u>	Months <u>11</u>	Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Winterset, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Eyerly</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Howell</u>		14. NAME OF HUSBAND OR WIFE <u>Millard Cocklin (deceased)</u>			
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. Roy Fitzgerald</u> ADDRESS <u>Ridgeway, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Debilitation</u> DUE TO (c) <u>Fracture right hip.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pyelonephritis</u>						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ridgeway Harrison Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-3-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in home</u>			
22. I hereby certify that I attended the deceased from <u>8-3-1950</u> to <u>10-21-1950</u> , that I last saw the deceased alive on <u>10-20-1950</u> , and that death occurred at <u>11:20 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leonard R. Lee M.D.</u> (Degree or title)				23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>10/23/50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 23, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ridgeway, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/25/50</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark L. Foutch, Bethany, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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

Clark L. Foutch

Student Embalmer No. *370*

working under my personal supervision.

Student *Clark L. Foutch*
Student Embalmer

Signed *W. G. Noble*

Licensed Embalmer No. *2904*

P. O. Address *New Hampton*

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.