

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0198 40079
State File No.

FILED JAN 2 1951

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5222 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Dolan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Dolan</u>	
c. LENGTH OF STAY (in this place) <u>83 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>12 Mi. S.W. of Harrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter McHarry</u> b. (Middle) <u>Cockrell</u> c. (Last) <u>Cockrell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 - 50</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>May 8 1867</u>		9. AGE (In years last b. day) <u>83 7 13</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Farmer retired 8 yrs.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cass Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZENSHIP OF WHAT COUNTRY <u>USA.</u>					

13a. FATHER'S NAME <u>Simon Cockrell</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Mann</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Channing</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or partly) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Cockrell Freeman</u>	
18. CAUSE OF DEATH (If yes, no, or date of service)		18. MEDICAL CERTIFICATION			

18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		18. MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Atherosclerosis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

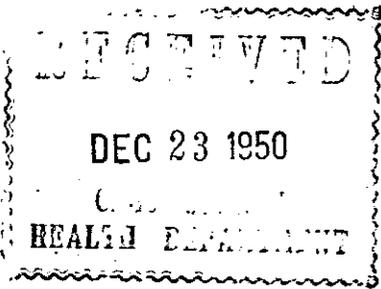
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12-29-1950, to 12-21-1950, that I last saw the deceased alive on 12-19-1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward S. Jones</u>		23b. ADDRESS <u>Harrisonville, Mo</u>		23c. DATE SIGNED <u>12-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 24 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Freeman, Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>William J. Jones</u> ADDRESS <u>Harrisonville, MO</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 22, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51	

(Licensed Embalmer's Statement on Reverse Side)

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



APR 18 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Floyd Atkinson*

Licensed Embalmer No. *3920*

P. O. *Harrisonville*

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.

Mo.