S. No. 300
v. 10-48

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5278

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4296 Registrar's No. 5-1951

1580
1

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

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Browning
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)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missiuri b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Browning 0580
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Evelin c. (Last) Williams

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 51

5. SEX fe 1

6. COLOR OR RACE w

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH 2-27-1861

9. AGE (In years last birthday) 89 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)

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Elias W Cokerham

13b. MOTHER'S MAIDEN NAME Analizer Owens

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Willis Cokerham ADDRESS Purdin, 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) Cerebral Softening

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) c

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH: 3 2 2 X

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* July, 1949, *to* Feb. 5, 1951, *that I last saw the deceased alive on* Feb. 5, 1951, *and that death occurred at* 10:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE J R. Martes 0 (Degree or title) MD

23b. ADDRESS Browning

23c. DATE SIGNED 2-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) 0

24b. DATE 2-8-51

24c. NAME OF CEMETERY OR CREMATORY Purdin

24d. LOCATION (City, town, or county) Purdin (State) Mo.

DATE REC'D BY LOCAL REG. 2/9/51

REGISTRAR'S SIGNATURE Elva Crookshanks 1660

25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home ADDRESS Browning

(Licensed Embalmer's Statement on Reverse Side)

Date Received: FEB 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-61-373
Date Filed: FEB 16 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.