

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11704  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>		b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>8 Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b> <u>0124</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Faith Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>Faith Rest Home</b> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b> b. (Middle) <b>Mae</b> c. (Last) <b>Cockman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4/30/51</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Widowed</b> (Specify)	8. DATE OF BIRTH <b>July 8, 1892</b>	9. AGE (In years last birthday) <b>58</b>	10. IF UNDER 1 YEAR Months <b>9</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during course of working life, even if retired) <b>Minister</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Religious</b>	11. BIRTHPLACE (State or foreign country) <b>Alton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>M.S. Newberry</b>		13b. MOTHER'S MAIDEN NAME <b>Liza Copeland</b>		14. NAME OF HUSBAND OR WIFE <b>E.D. Cochran</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James D. Cochran, St. Louis, Mo.</b>		
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) <b>Lobar pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertosis</b> DUE TO (c) <b>Encephalomalacia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>  <b>1 mo</b>  <b>4 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>490 X</b>				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 <u>Apr. 16, 1951</u> , to <u>April 29, 1951</u> , that I last saw the deceased alive on <u>April 28, 1951</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Wm. H. Johnson</i> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Poplar Bluff Mo.</b>		23c. DATE SIGNED <b>30 April 51</b> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/30/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Smith Cemetery</b>	24d. LOCATION (City, town, or county) <b>Alton, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>May 1-1951</b>	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i> <b>428</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Greer Croy &amp; Fitch, Poplar Bluff, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

0124  
4

RECEIVED

MAY 9 - 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-194

JUN 18 1951

JUN 18 1951

MAY 14 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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.