

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

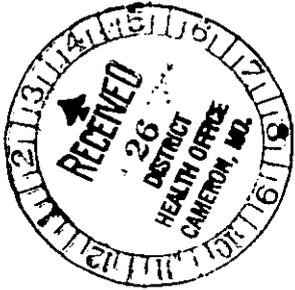
5531 State File No. 19986
Registrar's No. 47

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5518

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Richardson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bigelow Twp.</u>		c. LENGTH OF STAY (in this place) <u>Visit</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Falls City</u>		8260	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Bigelow, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1024 Fulton St.</u>	
3. NAME OF DECEASED a. (First) <u>Elden</u> b. (Middle) <u>Rae</u> c. (Last) <u>Cochran</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 19, 1926</u>
9. AGE (In years last birthday) <u>25</u>		10. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Creamery</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Cochran</u>		13b. MOTHER'S MAIDEN NAME <u>Blunt</u>	14. NAME OF HUSBAND OR WIFE <u>None</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 ADDRESS <u>Mrs. Jess Cochran Falls City, Neb.</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning.</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes.</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E850X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>38</u> <u>144</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Big Lake</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bigelow Mo. Holt.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>BOAT CAPSIZED</u>	
22. I hereby certify that I attended the deceased from <u>8</u> <u>10</u> <u>10</u> , 19 <u>51</u> , to <u>17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>17</u> , 19 <u>51</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Howard E. Colburn D.O., coroner</u>		23b. ADDRESS <u>Oregon Mo.</u>	23c. DATE SIGNED <u>6-20-51.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Falls City, Nebraska</u>
DATE REC'D BY LOCAL REG. <u>6-20-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Thousand Oaks, Mo.</u>

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



JUL 27 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 *W. Crawford* _____

Licensed Embalmer No. *1824* _____

P. O. Address *Grand Co., 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.