

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 295				
1. PLACE OF DEATH a. COUNTY Jackson 0485 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Carroll		
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (in this place) 10 Days.		c. CITY (If outside corporate limits, write RURAL and give township) Wakenda		0170				
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium.				d. STREET ADDRESS ---				1		
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES		b. (Middle) O.		c. (Last) COCHRAN.		4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1951		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 6, 1891		9. AGE (In years last birthday) 60		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY Mail Services.		11. BIRTHPLACE (State or foreign country) Carroll County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME R.M. Cochran			13b. MOTHER'S MAIDEN NAME Mary E. Hall			14. NAME OF HUSBAND OR WIFE Brenda Price Cochran.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) No.			16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME Brenda P. Cochran, Wakenda, Mo.				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION.						INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion						Acute		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						6 Mos		
		DUE TO (b) Myocardiasis						Chronic		
		DUE TO (c) Glomerulonephritis								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						Multiple Epitheliomata		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		4201				
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 8-2-51 to 8-8-51, that I last saw the deceased alive on 8-2-51, and that death occurred at 8:10A.M., from the causes and on the date stated above.										
23a. SIGNATURE <i>[Signature]</i>				(Degree or title)		23b. ADDRESS 1210 Ash, Osage, Mo		23c. DATE SIGNED 8-8-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 8, 1951		24c. NAME OF CEMETERY OR CREMATORY Carrollton		24d. LOCATION (City, town, or county) (State) Carrollton, Missouri.				
DATE REC'D BY LOCAL REG. 8-8-51		REGISTRAR'S SIGNATURE <i>[Signature]</i>		354		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Osage, Mo		

AUG 22 REC

SEP 13 1961

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, only

working under my personal supervision.

Student Embalmer No.

Signed Dwight L. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 4225

P. O. Address Indep. 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.