

No. 300
10.48

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36350

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>unknown</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0105</u>		d. STREET ADDRESS (If rural, give location) <u>301 N. 5th St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanford Memorial Hosp.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOSES</u> b. (Middle) <u>COCHRAN</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18th 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>about 1860</u>	9. AGE (In years last birthday) <u>about 91</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>yard man</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>yard man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Cochran</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>Irvin Lockwood Columbia Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of unknown etiology</u>					
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 <u>4343</u>			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>Nov 11</u> , 19 <u>51</u> , to <u>Nov 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 17</u> , 19 <u>51</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. Roy J. Miller</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Municipal Bldg Columbia</u>		23c. DATE SIGNED <u>23 Nov 51</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 23-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hinton</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 23 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stuart P. Parker Columbia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

105
4

RECEIVED NOV 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 26 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 ~~only~~ _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Stewart D. Parkes

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.