No. 300
10.48

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

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19776

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (in this place) 4½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Dolan.
d. STREET ADDRESS (If rural, give location) 1½ Mi S.E. of Freeman.

3. NAME OF DECEASED (Type or Print) a. (First) Logan b. (Middle) Alexander c. (Last) Cockrell

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~MARRIED, WIDOWED, DIVORCED (Specify)~~ NEVER MARRIED, Never married
8. DATE OF BIRTH July 27-1884
9. AGE (In years last birthday) 67 Yo; IF UNDER 1 YEAR Months ___ Days 9; IF UNDER 24 HRS. Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer. Inactive 8 yrs.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cass Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Simon B. Cockrell.
13b. MOTHER'S MAIDEN NAME Margaret Mann.
14. NAME OF ~~HUSBAND~~ OR WIFE None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Raymond Weller ADDRESS Freeman 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) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY SCLEROSIS
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
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* 6/6 *, 19*52*, to* 6/6 *, 19*52*, that I last saw the deceased alive on* 6/6 *, 19*52*, and that death occurred at* 5 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Howard Long (Degree or title) MD
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED June 7-1952

24a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~ Burial
24b. DATE June 8-52
24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery
24d. LOCATION (City, town, or county) Freeman (State) Mo.

DATE REC'D BY LOCAL REG. June 8, 1952
REGISTRAR'S SIGNATURE Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Bros
ADDRESS Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 14 1952
CASS COUNTY
HEALTH DEPARTMENT

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Floyd Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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.