

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35875

State File No.

NOV 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>274</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>332</u>
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		<u>0304</u>
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1023 E. 10th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1023 E. 10th</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26-1952</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>Florence</u>		c. (Last) <u>COCHRAN</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>
8. DATE OF BIRTH <u>July 6-1879</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sewing Room</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Michael Baker</u>		
13b. MOTHER'S MAIDEN NAME <u>Lucina Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>J.A. "Frank" Cochran</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>4-25-030</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Effie Moon</u> ADDRESS <u>1209 E. 9th Sedalia</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Valvular Disease of Heart</u> 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 <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. 30</u> , 1951, to <u>Oct 26</u> , 1952, that I last saw the deceased alive on <u>Oct 20</u> , 1952, and that death occurred at <u>6:30 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Hew Wilbur</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>328 Elgen Fritz Bldg Sedalia</u>		23c. DATE SIGNED <u>10-27-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u> ADDRESS <u>Sedalia</u>		
DATE REC'D BY LOCAL REG. <u>10-28-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u> ADDRESS <u>Sedalia</u>

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

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(Licensed Embalmer's Signature on Reverse Side)

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 _____

James R. Astren Student Embalmer No. 477
working under my personal supervision.

Student James R. Astren
Student Embalmer

Signed Philip M. Langlin
Licensed Embalmer No. 3729

P. O. Address _____

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.