

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27524

State File No.

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 262 PRIMARY REG. DIST. NO. 4531 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>WARREN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TROY</u>	
c. LENGTH OF STAY (In this place) <u>8 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>EARNEST</u> c. (Last) <u>COCKRELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>July 26, 1882</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>6</u>	
11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>	

13a. FATHER'S NAME <u>John Loyd Cockrell</u>		13b. MOTHER'S MAIDEN NAME <u>Rosetta Keithley</u>		14. NAME OF HUSBAND OR WIFE <u>AmeLIA Cockrell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>AmeLIA Cockrell</u> ADDRESS <u>Troy, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Central Vascular occlusion</u> DUE TO (c) <u>old right side thrombolytic inf</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive cardi vascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) _____	
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?	

22. I hereby certify that I attended the deceased from Jan 4, 1953, to July 31, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 7:17 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Warrenton MO</u>		23c. DATE SIGNED <u>8-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy City Cemetery</u>	
24d. LOCATION (City, town, or county) <u>TROY MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCreary</u> ADDRESS <u>Troy MO</u>			
DATE REC'D BY LOCAL REG. <u>8-7-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCreary</u> ADDRESS <u>Troy MO</u>	

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

SEP 30 1958

AUG 12 1958

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 _____

Wayne McLoay

Signed.....
Student Embalmer

Licensed Embalmer No. *3586*

P. O. Address. *Troy 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.