

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29284

FILED AUG 17 1953

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Hudson Twp, Ruffin Mo</u>		c. LENGTH OF STAY (in this place) <u>4 mo</u>	c. CITY OR TOWN <u>Independence</u>		d. STREET ADDRESS (If rural, give location) <u>419 South 5th St 7005</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Allen Aldrich Osteopathic Sanatorium</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Iva</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Cochrane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 1 - 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 19 - 1885</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bradford Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Christopher C. Risher</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Emmette J Cochrane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		

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>Medullary Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombotic Encephalomalacia 2 yrs</u> DUE TO (c) <u>Arterio sclerosis 6 yrs</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)		<u>332X</u>
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 Mar 28, 1953 to Aug 1, 1953, that I last saw the deceased alive on Aug 1, 1953 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Hoyle D.O.</u> (Degree or title)		23b. ADDRESS <u>Macon Missouri</u>		23c. DATE SIGNED <u>Aug 1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>8-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Independence Kas.</u>		
DATE REC'D BY LOCAL REG. <u>8/4/53</u>	REGISTRAR'S SIGNATURE <u>Luth McNeely</u>	185	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lester Brien</u>	ADDRESS <u>Macon Mo</u>	

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

MAR 23 1955

RECEIVED 8.12.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.53.148
Date Filed 8.13.53

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *R. Lester Brien*

Licensed Embalmer No. 4472

P. O. Address *Macon, Ga*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.