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FILED OCT 13 1953

STANDARD CERTIFICATE OF DEATH

32613

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5945</u>		Registrar's No. <u>89</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u>					
b. CITY OR TOWN <u>Rural - North Willow</u>		c. LENGTH OF STAY (In this place) <u>16 yrs</u>		c. CITY OR TOWN <u>St James, Mo.</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0810</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				e. STREET ADDRESS (If rural, give location) <u>north Willow (Rural)</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>		b. (Middle) <u>Cockrell</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5, 1953</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 12 - 1873</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
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 (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wm Snook</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Kusow</u>		14. NAME OF HUSBAND OR WIFE <u>Dilton Cockrell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Cockrell - Son - St James 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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Parenchymatous Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis about 2 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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>593x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Sept 21</u> , 1953, to <u>October 5</u> , 1953, that I last saw the deceased alive on <u>Oct. 4</u> , 1953, and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. Hammond, M.D.</u>				23b. ADDRESS <u>St James, Mo.</u>		23c. DATE SIGNED <u>10-7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Flat Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St James, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 8-1953</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>		479		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oral E. Lieblider - St James Mo</u>			

(Licensed Embalmer's Statement 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 *ME* Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Carl E. Tickle* _____

Licensed Embalmer No. 354

P. O. Address *St. James*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.