

STANDARD CERTIFICATE OF DEATH

3953

State File No.

 BIRTH NO. FILED MAR 3 1954 REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Bellingham</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bellingham</u>	
b. CITY OR TOWN <u>Rural, Advance</u> c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Lutesville, R#1</u> d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>JUP</u>		e. STREET ADDRESS (If rural, give location) <u>Advance, Mo.</u> <u>2090</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENNER</u> b. (Middle) <u>STIVE</u> c. (Last) <u>COCHRAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>Jan. 19, 1954</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Advance, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Johnnie Cochran</u>		13b. MOTHER'S MAIDEN NAME <u>Clotie Chausman</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service) <u>—</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Cochran</u> ADDRESS <u>P.O. #3 Lutesville, 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>Medullary Failure of Cardiac</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Medullary Trauma @ Birth</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>4 Hours</u>	
19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>7610</u>		20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Advance, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>	21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>—</u> , 19 <u>—</u> , to <u>Feb 8, 1954</u> , that I last saw the deceased alive on <u>—</u> , 19 <u>—</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. W. L. Miller, M.D.</u> (Degree or title)		23b. ADDRESS <u>Advance, Mo.</u>	23c. DATE SIGNED <u>12 Feb 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bellingham County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-15-54</u>	REGISTRAR'S SIGNATURE <u>William Van Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Lloyd L. Mayhew</u> ADDRESS <u>Advance, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4640

P. O. Address Adrian, Mich.

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.