

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23556**

FILED JUL 26 1954

BIRTH NO. _____ REG. DIST. NO. **176383** PRIMARY REG. DIST. NO. **565-8** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Russell		c. LENGTH OF STAY (In this place) Native	c. CITY OR TOWN La Russell		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			e. STREET ADDRESS (If rural, give location) R.F.D. 0550		
3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) Cochran c. (Last) Cochran			4. DATE OF DEATH (Month) (Day) (Year) 6-7-1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 2-19-1866		9. AGE (In years last birthday) 88 Months 3 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Ind 1944		12. CITIZENRY OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Cochran		13b. MOTHER'S MAIDEN NAME Sarah Ann Swain		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give year or date of service) no.		16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME Penny Cochran ADDRESS La Russell mo.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostatitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis 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 592X				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 May 4, 1954 , to 6-7 , 1954, that I last saw the deceased alive on 6-1 , 1954, and that death occurred at 5 1/2 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. S. Burzycy MD			23b. ADDRESS 711 Miller		23c. DATE SIGNED 7-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-1954	24c. NAME OF CEMETERY OR CREMATORY Pheasant Grove		24d. LOCATION (City, town, or county) (State) S. 9. Miller Mo.
DATE REC'D BY LOCAL REG. 7-20-54		REGISTRAR'S SIGNATURE W. S. Burzycy		25. FUNERAL DIRECTOR'S SIGNATURE Morris Keenan ADDRESS Miller Mo.	

(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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *E. R. Lerman*

Licensed Embalmer No. *3297*

P. O. Address *Milbu*

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.