

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30526**  
**4410**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>45 YRS.</b>		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 <b>803-W-54<sup>TH</sup> STREET</b>		f. STREET ADDRESS (If rural, give location) <b>803-W-54<sup>TH</sup> STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ella, M</b>	b. (Middle)	c. (Last) <b>Cockrell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEP 15 1954</b>
--	-------------	---------------------------	---

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>2 APRIL-8-1886</b>	9. AGE (In years last birthday) <b>68</b>	if UNDER 1 YEAR Months	if UNDER 2 HRS. Hours	if UNDER 2 HRS. Mins.
----------------------	-------------------------------	---	--	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>DUGUOIN, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	-----------------------------------	---	--

13a. FATHER'S NAME <b>HENRY MASON</b>	13b. MOTHER'S MAIDEN NAME <b>DICA TAYLOR</b>	14. NAME OF HUSBAND OR WIFE <b>THOMAS L. COCKRELL</b>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. JENNIE I. WILSON</b>	ADDRESS <b>224-W-65 KC. MO</b>
--	-------------------------------------	--	--------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardiosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 years.</b> <b>260X</b> <b>year</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes</b>		
	DUE TO (c) <b>Arteriosclerosis</b>		
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 checked="" 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) (Min)	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 Manly, Kansas, 1954, that I last saw the deceased alive on 9-1-54, 1954, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>John O. Skinner</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1402 Bryant</b>	23c. DATE SIGNED <b>9/15-1954</b>
---	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEP-17-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>9-17-54</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer Sons</b>	ADDRESS <b>331 BUSH CHECK</b> <b>Kansas City, MO</b>
---	--	--	---

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

av 7010

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 *Basil Honey*.....

Licensed Embalmer No. *472*

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