

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33049

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1116

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 55 Yrs.		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2127 St. Joseph Ave.		f. STREET ADDRESS (If rural, give location) 2127 St. Joseph Ave. 6117	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) CLARENCE	c. (Last) COCHRAN	4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 19, 1899	9. AGE (In years last birthday) 55 Yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Various	11. BIRTHPLACE (City and State or Foreign Country) Stanberry, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James W. Cochran	13b. MOTHER'S MAIDEN NAME Cora Gillan	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 498-22-5699	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Cochran	ADDRESS St. Joseph, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH (day) unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis		
	DUE TO (c) 4201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Man died rather suddenly			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION at his home, without a history of recent serious illness or disability	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I viewed the deceased *viewed* on *10/23*, 19*54*, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *11:25 PM* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. Coroner	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 10/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 25/54	24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	24d. LOCATION (City, town, or county) Savannah Mo.
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DATE REC'D BY LOCAL REG. Oct. 27, 1954	REGISTRAR'S SIGNATURE Esther M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home, St. Joseph, Mo.	ADDRESS
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(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... *Victor J. Barr*

Licensed Embalmer No. *42*

P. O. Address *St. Jose*

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.