

STANDARD CERTIFICATE OF DEATH

State File No. **33573**

FILED NOV 1 - 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2100 Registrar's No. 984

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>GREENE</u>		a. STATE <u>MISSOURI</u>	b. COUNTY <u>GREENE</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>5 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>710 N. CAMPBELL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>			

3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) <u>HARRY</u>	b. (Middle) <u>W.</u>	a. (Last) <u>COCHRAN</u>	(Month) <u>OCT.</u> (Day) <u>23</u> (Year) <u>1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 19 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CONDUCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO R.R.</u>	9. AGE (In years) <u>84</u> (Month) _____ (Day) _____ (If UNDER 1 YEAR: Hours _____ Minutes _____)
		11. BIRTHPLACE (City and State or Foreign Country) <u>WINDSOR, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C.E. TOWNES</u>
		ADDRESS <u>SPRINGFIELD, 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		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4+3X</u>	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)
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____	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 Oct 13, 1954, to Oct 21, 1954, that I last saw the deceased alive on Oct 21, 1954, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David H. Hall, M.D.</u>	23b. ADDRESS <u>1951 South National</u>	23c. DATE SIGNED <u>10/27/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>
		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>

DATE REC'D BY LOCAL REG. <u>10-27-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. LOHMEYER</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 25 1960

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 *R L Mc Conn*

Licensed Embalmer No. *272*

P. O. Address *Springfield*

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.