No. 300
10.48

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2084

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 14

1. PLACE OF DEATH 0840

a. COUNTY: Polk (Mooney Township) /

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brighton R. #1

c. LENGTH OF STAY (In this place): Life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 Miles S. E. of Brighton

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE: Missouri

b. COUNTY: Polk (Mooney Township)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brighton R. #1 0840

d. STREET ADDRESS (If rural, give location): 4 Miles S. E. of Brighton 0

3. NAME OF DECEASED (Type or Print)

a. (First): William

b. (Middle): Calvin

c. (Last): Cochran

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16 1955

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: July 23, 1868

9. AGE (In years last birthday): 86 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Manual Laborer

11. BIRTHPLACE (City and State or Foreign Country): Arkansas /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Calvin Cochran

13b. MOTHER'S MAIDEN NAME: Jane Fullerton

14. NAME OF HUSBAND OR WIFE: Maggie Evelyn Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Frank Cochran Brighton, 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): Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: 8 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Thrombotic Encephalomalacia — 12 days

DUE TO (c): Arteriosclerosis — Years

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 332 X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep. 29, 1949, *to* Jan. 16, 1955 *that I last saw the deceased alive on* Jan. 13, 1955, *and that death occurred at* 7:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry R. Agnew D.O. 2

23b. ADDRESS: Pleasant Hope, Mo.

23c. DATE SIGNED: 1-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 19, 1955

24c. NAME OF CEMETERY OR CREMATORY: Brighton Cemetery

24d. LOCATION (City, town, or county) (State): Brighton, Missouri

DATE REC'D BY LOCAL REG.: Jan 22, 1955

REGISTRAR'S SIGNATURE: Ralph Gordenyer

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jerry Gordenyer Willard B. Erwin Pleasant Hope Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 1956

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 _____
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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 this body is not embalmed, fact should be so stated above.