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FILED AUG 8 - 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

22952

State File No.

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 43

**1. PLACE OF DEATH**
a. COUNTY: Moniteau Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California, Mo Walker
c. LENGTH OF STAY (In this place): 21 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hall's Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN: California, Mo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Gen Del

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**3. NAME OF DECEASED** (Type or Print)
a. (First): Robert
b. (Middle): Riley
c. (Last): Cochran

**4. DATE OF DEATH** (Month) (Day) (Year): July 30 1955

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Sept 27 1875
**9. AGE** (In years last birthday): 79 — If under 1 year: Months 10, Days 3 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Farm
**11. BIRTHPLACE** (City and State or Foreign Country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Un Known
**13b. MOTHER'S MAIDEN NAME**: UnKnown
**14. NAME OF HUSBAND OR WIFE**: Deceased

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Ralph E. Beck — ADDRESS: Calif. 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Five minutes

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Advanced Arterio-sclerosis — 10 years
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Gangrene left foot. — 2 months

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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* July 29, 1955, *to* July 30, 1955, *that I last saw the deceased alive on* July 29, 1955, *and that death occurred at* 2/30A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Edgar R. Kibler M.D.
**23b. ADDRESS**: California
**23c. DATE SIGNED**: 7/30/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7/31/55
**24c. NAME OF CEMETERY OR CREMATORY**: City Cemetery
**24d. LOCATION** (City, town, or county) (State): California, Mo

DATE REC'D BY LOCAL REG.: 8/1/55
REGISTRAR'S SIGNATURE: A L Popejoy
**25. FUNERAL DIRECTOR'S SIGNATURE**: Earl Boulin — ADDRESS: California 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack H. Bouli

Licensed Embalmer No. 49

P. O. Address Califor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.