

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

23258

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (In this place) <u>5 hrs.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0651</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sherman</u> b. (Middle) <u>D</u> c. (Last) <u>Cochell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 14, 1909</u>
9. AGE (In years last birthday) <u>46</u>		10. MONTHS <u>2</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Obv. kind of work done during most of working life, even if retired) <u>Car Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chev.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Cochell</u>	
13b. MOTHER'S MAIDEN NAME <u>Fannie Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Cochell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes War II</u>		16. SOCIAL SECURITY NO. <u>180-07-0685</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Cochell</u>		ADDRESS <u>Princeton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</u> ANTECEDENT CAUSES DUE TO (b) <u>Auto accident</u> DUE TO (c) <u>Amputation left arm at elbow</u> 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 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) m.		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 <u>7-19, 1955</u> , to <u>7-19, 1955</u> , that I last saw the deceased alive on <u>7-19, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. W. McDonald</u>		23b. ADDRESS <u>209 Elmwood, Mo.</u>	
23c. DATE SIGNED <u>7-25-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ravanna Ceme.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Swan Martin</u>	
25. ADDRESS <u>Martin Funeral Home Princeton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-30-55</u>	
REGISTRAR'S SIGNATURE <u>Marcell Dunbar</u>		266	

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

1959

VS SEP 30 1959

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.....
Jean Martin

Licensed Embalmer No. *3760*

P. O. Address *Director*

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.