

FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19611**

42

1000

730

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospt.				e. STREET ADDRESS (If rural, give location) Route #8 (Walter L. St.,) 0110			
3. NAME OF DECEASED (Type or Print)		a. (First) LEE		b. (Middle) WILLIAM		c. (Last) COCHRAN	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1956	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressure Observer		10b. KIND OF BUSINESS OR INDUSTRY Cities Serv. Gas Co.		8. DATE OF BIRTH Oct. 30, 1902		9. AGE (In years last birthday) 53	
				11. BIRTHPLACE (City and State or Foreign Country) Miami, Okla.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Zebe Cochran		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Esther Cochran			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 442-07-4907		17. INFORMANT'S SIGNATURE OR NAME Esther Cochran ADDRESS Rt. #8, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Chronic asthmatic bronchitis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death 12 hrs					
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)		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 6/16 , 1956, to 6/23 , 1956, that I last saw the deceased alive on 6/23 , 1956, and that death occurred at 8:15 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS W.D. 902 Edmond St., City		23c. DATE SIGNED 7/2/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1, 1956		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) DeKalb, Mo.	
DATE REC'D BY LOCAL REG. July 9, 1956		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home, St. Joseph, Mo. ADDRESS [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1956

JUL 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.....
Signature of Student Embalmer

Signed.....
Emma Clark

Licensed Embalmer No. ~~1234~~

P. O. Address St. Joseph, M.

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.