

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20306

Registration District No. 137

Primary Registration District No. 3023

STATE FILE NUMBER

Registrar's No. 206

## 1. PLACE OF DEATH

a. COUNTY

Monroe

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ClintonInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION White Hall Hosp.Length of stay in 1b  
1 day

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cedar

c. CITY OR TOWN

El Dorado Springs

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS

Rt. # 3

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Margaret A. Cochran

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☒ NEVER MARRIED ☐WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Aug. 17, 1885

9. DATE OF DEATH

Month

Day

Year

6 - 19 - 56

9. AGE (In years last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

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

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Seneca, Ill.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Matthew Watling

14. MOTHER'S MAIDEN NAME

Mary Ann Jackson

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

Edw. Cochran Rt. 3, El Dorado Springs

## 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.)

4201

20c. TIME OF INJURY

Hour

a. m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-18-56

to 6-19-56

and last saw her alive on 6-19-56

Death occurred at 5:45 P.M.

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

M. C. Sunderwith D.O.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

6-20-56

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-22-56

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

El Dorado Springs, Mo.

(State)

24. FUNERAL DIRECTOR

Edw. Cochran Rt. 3, El Dorado Springs, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-22-56

26. REGISTRAR'S SIGNATURE

Mildred Bigum

9832 47 105

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....*May W. Dickering*

Licensed Embalmer No.....*44*

P. O. Address.....*E. D. Dickering*

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