

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33115

State File No.

FILED OCT 24 1956

BIRTH NO. <u>4286-56</u>		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ballinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lutserville ms.</u>		c. LENGTH OF STAY (In this place) <u>0090</u>		c. CITY OR TOWN <u>Lutserville</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#3 Rural Wayne Sup</u>				e. STREET ADDRESS (If rural, give location) <u>R#3 Rural Wayne</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>		b. (Middle) <u>Gene</u>		c. (Last) <u>Cochran</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-20-56</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Jan 13 1956</u>	
9. AGE (In years last birthday) <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield ms.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Johnny Cochran</u>		13b. MOTHER'S MAIDEN NAME <u>Clelia Thelma May Hagel</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Johnny Cochran Lutserville ms.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Death</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Being shot by</u> DUE TO (c) <u>shot gun</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>The cause of death was determined by coroners jury held Sept 21st</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>no operation</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT (Specify) <u>suicide accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Waver</u> (COUNTY) <u>Salina</u> (STATE) <u>Ks.</u>		21d. TIME OF INJURY <u>Sept 20-1956 3Pm.</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR <u>death occurred by being shot in head with shot gun from the hands of special master</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw. Crites, M.D.</u>				23b. ADDRESS <u>Sedgwickville ms.</u>		23c. DATE SIGNED <u>9/2/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Salina, ms.</u>	
DATE REC'D BY LOCAL REG. <u>9-27-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Morgan</u>		ADDRESS <u>Advance ms.</u>	

(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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4640

P. O. Address Advance

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.