

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

133880

STATE FILE NUMBER 1602
Registrar's No. 1602

FILED APR 25 1957

Registration District No. 149 Primary Registration District No. 1002

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. J. Cochrane

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTE ST. MARYS Hospital Length of stay in lb 60 yrs.		d. STREET ADDRESS (If outside, give location) 5303 EAST 22ND STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BERTHA Middle W. Last ROTROFF		4. DATE OF DEATH April 3, 1957 Month April Day 3 Year 1957	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 31. 1880
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 76 Days 76 Hours 76 Min. 76	IF UNDER 24 HRS. Hours 76 Min. 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME CHARLES W. WIELAND WineLand	
14. MOTHER'S MAIDEN NAME ELLA BECK		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 THURMAN ROTROFF Address 5303 EAST-22ND ST. KANSAS CITY MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) To Legenal Obstruction Post Operative - Strangulated hernia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arterio Sclerosis, Hypertension, Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 3 days 14 days 5615
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 4:15A. Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 3/17-57 to 4/3/57 and last saw her/him alive on 4/3/57 Death occurred at 4:15A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. J. Cochrane M.D. (Degree or title)		22b. ADDRESS 315 Nichols Rd. K.C. Mo	
22c. DATE SIGNED 4/3/57		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE APRIL 6, 1957		23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	
23d. LOCATION (City, town, or county) KANSAS City		23e. STATE MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMERSONS ADDRESS 1331 CREEK Blvd K.C. Mo.		25. DATE RECD. BY LOCAL REG. 4-5-57	
26. REGISTRAR'S SIGNATURE neva minchall			

(Licensed Embalmer's Statement on Reverse Side)

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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 *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *Key*

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.