V.S. No. 300
Rev. 10.48

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15722

State File No.

BIRTH NO. REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 1024

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANCHESTER
c. LENGTH OF STAY (In this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MANCHESTER NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood 4544
d. STREET ADDRESS (If rural, give location): 3131 Edgar Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): NMI
c. (Last): COCHRANE

4. DATE OF DEATH (Month): 4 (Day): 16 (Year): 57

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 1-26-1875
9. AGE (In years last birthday): 82
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and State or Foreign Country): Leslie, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John C. Hyatt
13b. MOTHER'S MAIDEN NAME: Margaret Bagby
14. NAME OF HUSBAND OR WIFE: Webb L. Cochrane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Pearl Hyatt, 3131 Edgar Ave.
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchio-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid 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. Senility, Asthenia — Don't Know

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4/9/X
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) m.:
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* Jan-24 *1957, to* April 11 *1957, that I last saw the deceased alive on* April 11 *1957, and that death occurred at* 10:40 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph W. Laffey, M.D.
23b. ADDRESS: P.O. Box 122, Manchester, Mo.
23c. DATE SIGNED: April 16, 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-19-1957
24c. NAME OF CEMETERY OR CREMATORY: New Haven Cemetery
24d. LOCATION (City, town, or county) (State): New Haven, Mo.

DATE REC'D BY LOCAL REG.: 4-17-57
REGISTRAR'S SIGNATURE: Herbert B. Dombeck
25. FUNERAL DIRECTOR'S SIGNATURE: JAY B. SMITH — MAPLEWOOD 17 Mo
ADDRESS:

(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 .....
Student Embalmer

Signed H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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 this body is not embalmed, fact should be so stated above.