

REC'D DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40139

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains 0460</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural</u>		d. STREET ADDRESS <u>Rte 3</u>	
3. NAME OF DECEASED (Type or print) First <u>Martha R.</u> Middle <u>Cochran</u> Last <u></u>		4. DATE OF DEATH Month <u>12</u> Day <u>5</u> Year <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-20-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (In years last birthday) <u>78</u>
10a. FATHER'S NAME <u>Geo Cochran</u>		10c. MOTHER'S MAIDEN NAME <u>Emmaline Hannah No Cochran</u>	10d. NAME OF HUSBAND OR WIFE <u>Geo Cochran</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or department of service)		16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT <u>Geo Cochran, West Plains Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			331X
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <u>11-10-57</u> to <u>12-5-57</u> and last saw her alive on <u>11-10-57</u> Death occurred at <u>12-5-57 2:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Physician or title) <u>Richard C. Smith, M.D.</u>		22b. ADDRESS <u>913 N. Main, West Plains, Mo</u>	
22c. DATE SIGNED <u>12-9-57</u>			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>BURIAL</u>		23b. DATE <u>12-8-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Union Groves</u>		23d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
24. FUNERAL DIRECTOR <u>Robertson's</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 12-12-57</u>	
ADDRESS _____		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *A. S. Roberts*

Licensed Embalmer No. *3437*
P. O. Address *West Hill*

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.