

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014118

STATE FILE NUMBER

2031

FILED MAY 9 1958

Registration District No. 149

Primary Registration District No. 002

Registrar's No.

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 Lees Summit, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp				Length of stay in lb 3 yrs 1 wk		d. STREET ADDRESS Route 2	
3. NAME OF DECEASED (Type or print) First William Middle Samuel Last Cochran				4. DATE OF DEATH Month April Day 20 Year 1958			
5. SEX male		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 2-6-1897	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker				10b. KIND OF BUSINESS OR INDUSTRY Greenlease Cadillac		11. BIRTHPLACE (City and state or country) Leavenworth, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME John K. Cochran			
14. MOTHER'S MAIDEN NAME Lutie Vigus				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI			
16. SOCIAL SECURITY NO. 486-03-9418				17. INFORMANT Dorothy A. Cochran, Less Summit, 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) Myocardial Infarct DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH Immediate 420
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			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 . 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 May 7, 1946 to April 20, 1958 and last saw him alive on April 19, 1958. Death occurred at 6:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Martin P. Hunter M.D.				22b. ADDRESS 1408 Waldheim Bldg		22c. DATE SIGNED 4/21/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-22-58		23c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery		23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas	
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar K.C. Mo.			25. DATE RECD. BY LOCAL REG. 4-21-58		26. REGISTRAR'S SIGNATURE neva Minshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Martin P. Hunter

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.

300
1-56

Dr. Hante
Waldner



STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Arthur E. Hook*

Licensed Embalmer No. *4*

P. O. Address *KE 70*

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.