Health, Welfare Public Service

300
1-57
730

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019124
STATE FILE NUMBER

FILED MAY 20 1958 Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN Granby — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Her Home — Length of stay in Ib 3 Mths

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Granby 0730 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 0 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Iva Middle: May Last: Cochran

4. DATE OF DEATH Month: May Day: 9 Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May-27-1898
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 11 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George Searl
13b. MOTHER'S MAIDEN NAME: Mary Ridenour
14. NAME OF HUSBAND OR WIFE: Nathan Cochran

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.
17. INFORMANT: Nathan Cochran Address: Granby Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 5271
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cirrhosis of Liver (B)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 9-17-57 to 5-9-58 and last saw her/him alive on 5-2-58
Death occurred at 1:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Melvin McCullough DO
22b. ADDRESS: 420 W. Sherman ST Neosho Mo
22c. DATE SIGNED: 5/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-11-58
23c. NAME OF CEMETERY OR CREMATORY: Chitwood Cemetery
23d. LOCATION (City, town, or county) (State): Barry Missouri

24. FUNERAL DIRECTOR ADDRESS: McQueen Funeral Home, Wheaton Mo
25. DATE RECD. BY LOCAL REG.: May 11, 1958
26. REGISTRAR'S SIGNATURE: M. L. Young

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. Newton
District File Number 558-112
Date Filed MAY 16 1958

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 Paul D. Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville Mo.

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.