

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022893
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 291 Primary Registration District No. 5993 Registrar's No. 44

300
1-56 0860

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

1. PLACE OF DEATH a. COUNTY Putman b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lucerne c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putman c. CITY OR TOWN Lucerne d. STREET ADDRESS		
3. NAME OF DECEASED (Type or print) First Maud Middle Matilda Last Cochell			4. DATE OF DEATH June 2, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 30, 1881		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Mercer county, Missouri	
13. FATHER'S NAME William Wesley Stock			14. MOTHER'S MAIDEN NAME Mary Lemnox		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Donald E. Cochell - Albany, 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) Sudden Death while lying on bed at Home DUE TO (b) Had been complaining of Intermittent Claudication and chest pain for several days. DUE TO (c) Last seen alive about 2 p.m. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertension.					
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.) None		
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 off and on for 35 years and last saw her alive on May 25 Death occurred at 5 to 8 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>W. Bristow M.D.</i>			22b. ADDRESS Princeton, Mo.		22c. DATE SIGNED 6/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 4, 1958	23c. NAME OF CEMETERY OR CREMATORY Lucerne cemetery		23d. LOCATION (City, town, or county) Lucerne, Missouri	
24. FUNERAL DIRECTOR <i>M. A. Ashbell</i> ADDRESS Martin Funeral Home - Princeton, Mo.			25. DATE RECD. BY LOCAL REG. 6-10-58	26. REGISTRAR'S SIGNATURE <i>Marcell Durbin</i>	

JUN 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 *H. E. Ryell*

Licensed Embalmer No. 5020

P. O. Address Princeton,

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.