Health, X
& Welfare
Public
Service

S. 300
1-57
10
3

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035595
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 42 Primary Registration District No. 0 Registrar's No. 1094

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Joseph, Washington twp — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Public Highway 71 — Length of stay in Hospital: 1hr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Platte
c. CITY OR TOWN: Edgerton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 0830 General Del. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Raymond — Middle: — Last: Cockriel

4. DATE OF DEATH: Month: Oct. — Day: 11 — Year: 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ 3 **DIVORCED** ☒

8. DATE OF BIRTH: Jan. 13, 1911

9. AGE (In years last birthday): 47 — 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): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (City and state or country): Rigley Mo 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Elmer Cockriel

13b. MOTHER'S MAIDEN NAME: Hattie

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Floyd Cockriel — Address: Edgerton Mo

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): Traumatic shock + Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: none
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Skull fracture — none
DUE TO (c): Auto accident

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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. 3:30 — Month, Day, Year: Oct 11-58

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.): Highway 71

20f. CITY, TOWN, OR LOCATION: About 2 miles South of Carrollton — **COUNTY**: Buchanan — **STATE**: Mo

21. I attended the deceased from Sept 11-58 to Oct 11-58 and last saw her/him alive on Oct 11-58
Death occurred at 3:15 P.M. p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S.E. Meluney M.D. — (Degree or title): 0

22b. ADDRESS: 214 Kirkpatrick St. Joseph Mo

22c. DATE SIGNED: Oct 11-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/16/58

23c. NAME OF CEMETERY OR CREMATORY: Ridgley Cemetery

23d. LOCATION (City, town, or county): Edgerton Mo — (State)

24. FUNERAL DIRECTOR: John E. Rupp — **ADDRESS**: St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.: Oct. 14, 1958

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. S.E. Meluney

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, ~~only~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.