

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000634

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Platto City, R.F.D. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hosp.		Length of stay in lb 2 Days	d. STREET ADDRESS (If outside, give location) 6 Miles So. Platto City Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Esther Middle Irene Last Cockrill			4. DATE OF DEATH Month Jan. Day 18, Year 1959
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1920
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 38 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Mystic, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Lee		13b. MOTHER'S MAIDEN NAME Maggie Maxwell	14. NAME OF HUSBAND OR WIFE James F. Cockrill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address James F. Cockrill Platte City, 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) Generalized carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma lesser DUE TO (c) Cancer of stomach			INTERVAL BETWEEN ONSET AND DEATH 4 months 11 months
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 <input type="checkbox"/> NO <input checked="" 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 1956 to 1/18/59 and last saw her alive on 1/18/59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. Graham		22b. ADDRESS Platte City, Mo	22c. DATE SIGNED 1/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-20-59	23c. NAME OF CEMETERY OR CREMATORY Second Creek Cemetery	23d. LOCATION (City, town, or country) (State) Platte County, Missouri
24. FUNERAL DIRECTOR ADDRESS McComas Funeral Home		25. DATE RECD. BY LOCAL REG. Mo. 1-19-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

H. Graham, M.D. must be causally related.



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 *Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.