

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012026

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan (Bella County, Mo.)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Milan, 1050</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sul. County Mem'</u>			Length of stay in 1b <u>Four Days</u>		d. STREET ADDRESS <u>3 miles West</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Margaret</u> Last <u>Cochran</u>				4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1959</u>											
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 30 1886</u>		9. AGE (In years last birthday) <u>72</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>				11. BIRTHPLACE (City and state or country) <u>Milan MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13. FATHER'S NAME <u>William Cochran</u>						14. MOTHER'S MAIDEN NAME <u>Mary Shatto</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Albert R. Cochran Milan, Mo.</u> Address _____									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>chronic Nephritis</u>															
} DUE TO (c) _____															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>592x</u>										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 _____ 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 <u>4-1-59</u> to <u>4-5-59</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>4-5-59</u> . Death occurred at <u>7:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>Ed Simpson, D.O.</u> (Degree or title)								22b. ADDRESS <u>Milan</u>				22c. DATE SIGNED <u>4-6-59</u>			
23a. BURIAL, CREATION, REMOVAL (Specify)			23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)						
<u>Burial</u>			<u>April 9, 1959</u>		<u>Shatto</u>				<u>Milan, Mo.</u>						
24. FUNERAL DIRECTOR <u>Riggen Funeral HOME Milan Mo</u> ADDRESS _____					25. DATE RECD. BY LOCAL REG. <u>4-9-59</u>			26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *Russell C. Higgin*  
.....

Licensed Embalmer No. *3*

P. O. Address *Melba*

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.