

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037492

FILED VS NOV 6 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9855** STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 5 Days		c. CITY OR TOWN Gainesville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None	
3. NAME OF DECEASED (Type or print) First Middle Last Ileta Maxine Cockrum				4. DATE OF DEATH Month Day Year October 27, 1959			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/28/57	
9. AGE (last birthday) 2 Yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Gainesville, Missouri	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Troy Leon XXX Cockrum				13b. MOTHER'S MAIDEN NAME Reba Wolf		14. NAME OF HUSBAND OR WIFE Never Married	
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. none		17. INFORMANT Address EMORsech-500 S. Kingshighway Blvd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory arrest DUE TO (b) Portal hypertension DUE TO (c) Reichen of the liver 581.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 weeks 3 mms.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year							
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 Oct. 22, 1959 to Oct. 27, 1959 and last saw her/him alive on Oct. 27, 1959 Death occurred at 12:37PM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frederick D. Peterson				22b. ADDRESS 500 S. Kingshighway Blvd.		22c. DATE SIGNED 10/27	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/29/59		23c. NAME OF CEMETERY OR CREMATORY Smith Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Gainesville, Mo.	
24. FUNERAL DIRECTOR Clinkenbeard Gainesville, Mo.				25. DATE RECD. BY LOCAL REG. OCT 27 1959		26. REGISTRAR'S SIGNATURE Loard Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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.

NOT EMBALMED

Student _____
Signature of Student Embalmer

Signed *Doug Cochran*

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.