

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**59 0 4 4 8 5 7**

FILED VS DEC 21 1959

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 128

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Neosho</u>		Length of stay in 1b <u>None</u>	c. CITY OR TOWN <u>Joplin</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sales Hospital DOA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R. #2, Box 192 B</u>

3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>R.</u> Last <u>Cochran</u>			4. DATE OF DEATH Month <u>December</u> Day <u>11</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-24-1896</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Saginaw, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Charles Cochran</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Roush</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Cochran</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give number or dates of service) <u>Yes</u> <u>WW#1</u>	16. SOCIAL SECURITY NO. <u>488-16-3800</u>	17. INFORMANT Address <u>Mrs. Lucille Cochran, R#2, Joplin, Mo.</u>
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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>Myocardial infarction</u> DUE TO (b) <u>arteriosclerosis of coronary arteries</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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 _____
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21. I attended the deceased from Did not attend, to \_\_\_\_\_ and last saw <sup>her</sup> him alive on \_\_\_\_\_  
Death occurred at 7:50 P.M. \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Ray E. Kenney M.D.</u>	22b. ADDRESS <u>Neosho, Missouri</u>	22c. DATE SIGNED <u>12/14/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-15-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Saginaw Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Newton County, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12/14/59</u>	26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman, M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*plw RAH*

JUL 21 1960

VS DEC 22 1959

STATEMENT BY LICENSED EMBALMER

DEC 29  
DEC 29

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Nelson

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.