

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 0 1960

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-60-009641

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

NDED

1. PLACE OF DEATH a. COUNTY <u>Vernon Co</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wash. Twp</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary #3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Clair</u> c. CITY OR TOWN <u>Appleton City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last <u>Magness</u> <u>Cockrell</u>			4. DATE OF DEATH Month Day Year <u>3</u> <u>1</u> <u>60</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-27-71</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Har Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St Clair Co</u>		11. BIRTHPLACE (City and state or country) <u>Mo. S.A.</u>		

13a. FATHER'S NAME <u>J. H. F. Cockrell</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Helmick</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Carl Thomas</u>		17. INFORMANT Address <u>Appleton City Mo</u>	

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>Overdose - phenobarbital</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture set hip</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>31 days</u>	
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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.) <u>accidental fall.</u>		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>1-22-60</u>					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hospital #3</u>	20f. CITY, TOWN, OR LOCATION <u>Wewada</u>	COUNTY <u>Vernon Mo</u> STATE
21. I attended the deceased from <u>Nov 1 1959</u> to <u>Mar 1 1960</u> and last saw him alive on <u>2-29-60</u> Death occurred at <u>6:10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>F. H. Maxwell M.D.</u>	22b. ADDRESS <u>St Mary #3</u>	22c. DATE SIGNED <u>3-1-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 3, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	23d. LOCATION (City, town or County) (State) <u>Appleton City, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Melvin L. Janssens Appleton City</u>		25. DATE RECD. BY LOCAL REG. <u>3-1-1960</u>	
		26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *L. Ingles Ferry*

Licensed Embalmer No. 4960

P. O. Address Nevada, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.