

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011967

FILED VS. MAR 21 1960 265'

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bridges Twp.		Length of stay in 1b 2 Weeks	c. CITY OR TOWN Brixey Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Ethel Leona Cockrum		First Middle Last	4. DATE OF DEATH Month Day Year 3-16-1960
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-28-1876
9. AGE (last birthday) 83		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and state or country) Ozark Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frank Thompson	13b. MOTHER'S MAIDEN NAME Zade Banger
14. NAME OF HUSBAND OR WIFE Richard Cockrum		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 Matt Cockrum		Address Zanoni, 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) circulatory collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) upper gastrointestinal hemorrhage DUE TO (c) undetermined			INTERVAL BETWEEN ONSET AND DEATH 2 hr. 6 hrs
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
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 s.m. p.m. Month, Day, Year	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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 2/26/60 to 3/16/60 and last saw him alive on 3/16/60 Death occurred at 8:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arthur L. Beard M.D.		22b. ADDRESS Gainesville, Mo.	22c. DATE SIGNED 3/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-18-1960	23c. NAME OF CEMETERY OR CREMATORY Smith Chapel	23d. LOCATION (City, town, or county) (State) Ozark o. o.
24. FUNERAL DIRECTOR Clinkingbeard Gainesville, Mo		25. DATE RECD. BY LOCAL REG. 3-19-60	26. REGISTRAR'S SIGNATURE Thane Mohan

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John R. Urey

Licensed Embalmer No. 4885

P. O. Address Gainesville

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.