

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014821

FILED VS MAY 9 1960

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 524

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 11 years		c. CITY OR TOWN Springfield,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2502 E. Bennett		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HAZEL Middle J. Last COCHRAN				4. DATE OF DEATH Month May Day 3, Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH October 23, 1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months 6 Days 10	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Branch Manager			10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and state or country) Pomona, Kansas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Lewis F. Teghtmyer			13b. MOTHER'S MAIDEN NAME Mary M. Grubbs			14. NAME OF HUSBAND OR WIFE Robert E. Cochran			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Don L. Teghtmyer Springfield, Missouri				
18. CAUSE OF DEATH (Enter only one cause per person for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma to liver, pancreas, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) bilateral adrenal glands, 2, 3, 4 DUE TO (c) Left breast carcinoma, metastatic							INTERVAL BETWEEN ONSET AND DEATH unknown 5 years		
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 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	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 April 12, 1960 , to May 3, 1960 and last saw him alive on 3 May 1960 Death occurred at 5:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Francis M. Maple (Degree or title) MD				22b. ADDRESS Springfield, Mo.				22c. DATE SIGNED 4 May 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 5, 1960	23c. NAME OF CEMETERY OR CREMATOR Memorial Park		23d. LOCATION (City, town, or county) (State) Topeka, Kansas				
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 5-5-60		26. REGISTRAR'S SIGNATURE Effie E. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

STATEMENT BY LICENSED EMBALMER

MAY 10 1960

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

Lewis D. Schurpf

Licensed Embalmer No.

3802

P. O. Address

Springfield

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