

**RJ DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-023970**

**FILED VS JUN 21 1960**

Registration District No. 264 Primary Registration District No. \_\_\_\_\_ Registrar's No. 35 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ozark</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bridges Twp.</b>		Length of stay in 1b <b>55 Years</b>	c. CITY OR TOWN <b>Gainesville</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> <b>X</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Bridges Twp.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> <b>X</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lorenzo S. Cockrum</b>			4. DATE OF DEATH Month Day Year <b>6-11-1960</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-21-1881</b>	9. AGE (last birthday) <b>78</b>	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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>	11. BIRTHPLACE (City and state or country) <b>Lone Rock Ark.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Cockrum</b>		13b. MOTHER'S MAIDEN NAME <b>Fanny Tony</b>		14. NAME OF HUSBAND OR WIFE <b>Edith Cockrum</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Edith Cockrum Gainesville, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Coronary artery occlusion.</b> DUE TO (c) <b>Arteriosclerotic heart disease</b> 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					INTERVAL BETWEEN ONSET AND DEATH <b>3-4 yr.</b>
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 a.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 <b>8-26-58</b> to <b>6-11-60</b> and last saw <b>him</b> live on <b>6-3-60</b> Death occurred at <b>4:45</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Arthur L. Beard Mo.</b>			22b. ADDRESS <b>Gainesville, Mo.</b>		22c. DATE SIGNED <b>6-14-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-15-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sims</b>	23d. LOCATION (City, town, or county) <b>Ozark Co.</b>	(State) <b>Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Clinkingbeard Gainesville</b>		25. DATE RECD. BY LOCAL REG. <b>6-15-60</b>	26. REGISTRAR'S SIGNATURE <b>Thane Mohr</b>		

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. Wiley*

Licensed Embalmer No. 4888

P. O. Address Garrison

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