

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026002

REG. NO. A-2653
 Registration District No. 43 Primary Registration District No. 2007 Registrar's No. 385 STATE FILE NUMBER

FILED VS JUL 20 1960

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE TEXAS b. COUNTY BEXAR				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in lb D.O.A.		c. CITY OR TOWN SAN ANTONIO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 74 STORYWOOD DRIVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALLACE Middle ELLISON Last COCREHAM				4. DATE OF DEATH Month JUNE Day 25 Year 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-11-87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE		11. BIRTHPLACE (City and state or country) MARTINDALE, TEXAS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WALTER COCREHAM			13b. MOTHER'S MAIDEN NAME MINNIE ELLISON		14. NAME OF HUSBAND OR WIFE SILVIA COCREHAM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address SAN ANTONIO, TEX. SILVIA COCREHAM, WIFE, 74 STORYWOOD DR				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCT, ACUTE, LEFT.						INTERVAL BETWEEN ONSET AND DEATH SUDDEN.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE, CHRONIC.						UNKNOWN		
DUE TO (c)								
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"/> N. <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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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.) DEAD-ON ARRIVAL		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. Decided by death from June 25, 1960 to June 25, 1960 and last seen alive on _____ Death occurred at 9:45 AM, DEAD ON ARRIVAL on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. LESTER HARWELL, M.D., Actg. Pathologist				22b. ADDRESS VA Hospital, Poplar Bluff, Mo.		22c. DATE SIGNED 6/25/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-26-60	23c. NAME OF CEMETERY OR CREMATORY San Antonio Cem.		23d. LOCATION (City, town, or county) San Antonio, Texas				
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.				25. DATE RECD. BY LOCAL REG. 7/6/60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JUL 20 1980

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 Charles E. Mung

Licensed Embalmer No. 4877
P. O. Address Poplar Bl

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.