RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 27 1960

5137-60-038313
~~5141~~
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 40 yrs.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.
Inside limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 504 Benton (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Emma Middle May Last Cochren

4. DATE OF DEATH Month 10 Day 9 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 1/23/1880
9. AGE (last birthday) 80
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKERY CLERK
10b. KIND OF BUSINESS OR INDUSTRY GOECKLER'S BAKERY
11. BIRTHPLACE (City and state or country) PARIS, ILLINOIS
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME JOHN W. WEAVER
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE JAMES IRA COCHREN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO. 486-03-2561-D
17. INFORMANT HOMER CHARLES COCHREN Address PORTLAND, OREGON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Papillary carcinoma of the Bladder & generalized
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~
DUE TO (c) Peritonitis
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-5-1960, to 10-9-1960 and last saw her ~~him~~ alive on 10-9-1960
Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF H. L. Dwyer

22a. SIGNATURE H L Dwyer (Degree or title) M.D.
22b. ADDRESS 2400 Cherry
22c. DATE SIGNED 10/11/1960

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT. 12, 1960
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W.NEWCOMER'S SONS
ADDRESS 1351 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 10-12-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Basil V. Honey

Signature of Student Embalmer

Licensed Embalmer No. 4724

P. O. Address K.C., 30, 7

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