

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009711

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 4313 Registrar's No. 47

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED VS MAR 17 1961

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EIMER</u>		c. CITY OR TOWN <u>Eimer</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Darrell Leroy Cockrum</u>		4. DATE OF DEATH Month Day Year <u>3-5-1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/3/1916</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker - city Marshall</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Shelby County U.S.A.</u>
13a. FATHER'S NAME <u>Virgil Cockrum</u>		14. NAME OF HUSBAND OR WIFE <u>Geraldine Cockrum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Geraldine Cockrum - EIMER, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombotic masses in</u> DUE TO (c) <u>Arteriosclerotic valvular disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>40 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Angina Pectoris - Hypertensive</u>			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 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 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 <u>July 7 1959</u> to <u>May 5 1961</u> and last saw him alive on <u>April 5 1961</u> Death occurred at <u>1:10 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D L Woodward</u> (Degree or title)		22b. ADDRESS <u>Atlanta Missouri 3-8-61</u>	
22c. DATE SIGNED		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-8-1961</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Eimer</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Theo H. Goodding - ATLANTA, MO</u>		25. DATE RECD. BY LOCAL REG. <u>3/10/61</u>	26. REGISTRAR'S SIGNATURE <u>Will Neely</u>

