MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015885
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 59

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0570
2 0570
3
4 3
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7 0
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13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED MAY 1 1962

1. PLACE OF DEATH
a. COUNTY: Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln

b. CITY OR TOWN: Bedford Twp. Length of stay in Ib: 4 Mo.

c. CITY OR TOWN: Troy Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lincoln Co. Mem. Hosp. Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): None Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Josephine Middle: Marie Last: Cockrell

4. DATE OF DEATH: Month April Day 25 Year 1962

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8/1/68

9. AGE (last birthday): 93

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Lincoln Co. Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Wheeler

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Griffin Cockrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Gordon Cockrell, Troy, Missouri

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) Cardiac Ischemia — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Lobar Pneumonia — 4 mos.

DUE TO (c) Senility of age.

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 1-10-1950 to 4/25/62 and last saw her alive on 4/25/62
Death occurred at 8:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. E. Kelly (Degree or title): D.O.

22b. ADDRESS: Troy, Missouri

22c. DATE SIGNED: 4/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/29/62

23c. NAME OF CEMETERY OR CREMATORY: Troy Cemetery

23d. LOCATION (City, town, or county) (State): Troy, Missouri

24. FUNERAL DIRECTOR ADDRESS: Kemper-Marsh Funeral Home, Troy, Mo.

25. DATE RECD. BY LOCAL REG.: 4-27-1962

26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1962

OCT 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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