# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-024500

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 YC- 495 70 45 Primary Registration District No. 1003 SL-28691 Registrar's No. 6427 STATE FILE NUMBER

FILED JUL 6 1962

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand St. Louis Mo — Length of stay in 1b 10 days

c. CITY OR TOWN East St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 907 Trendley — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Last Cockrell

4. DATE OF DEATH Month June Day 26 Year 1962

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-26-05

9. AGE (last birthday) 56 — 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) Butcher

10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.

11. BIRTHPLACE (City and state or country) Macon Miss

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joe Cockrell

13b. MOTHER'S MAIDEN NAME Etta Cotton

14. NAME OF HUSBAND OR WIFE Nannie Cockrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 8-10-43 4-26-45

16. SOCIAL SECURITY NO. Unk

17. INFORMANT Nannie Cockrell Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | RESPIRATORY FAILURE | UNKNOWN |
| DUE TO (b) | INFARCTION OF THE BRAINSTEM | UNKNOWN |
| DUE TO (c) | BASILAR ARTERY THROMBOSIS 332X | UNKNOWN |

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PULMONARY THROMBO-EMBOLUS

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. VA attended the deceased from 6-17-62, to 6-26-62 and last saw him alive on 6-26-62
Death occurred at 11:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David H. McKenna (Degree or title) DAVID H. MC KENNA M.D

22b. ADDRESS VAH, St. Louis, Missouri

22c. DATE SIGNED 6/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE June 27, 62

23c. NAME OF CEMETERY OR CREMATORY National

23d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.

24. FUNERAL DIRECTOR ADDRESS P. Q. Criggler, East St. Louis, Ill

25. DATE RECD. BY LOCAL REG. JUN 29 1962

26. REGISTRAR'S SIGNATURE Carl Smith

**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_____ Signed P. L. Cruzzer
Signature of Student Embalmer

NOT EMBALMED

Licensed Embalmer No. 3346

P. O. Address 1036 Tudor Ave
E. ST. LOUIS

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.