

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047665

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 429

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 21 1962

<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Marion</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u></p> <p>c. CITY OR TOWN <u>Hannibal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>16 Patricia Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>FLOYD CURTIS COKERHAM</u></p>		<p>4. DATE OF DEATH Month Day Year <u>December 15, 1962</u></p>			
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>November 2, 1911</u></p>	<p>9. AGE (last birthday) <u>51</u></p>	<p>IF UNDER 1 YEAR <u>1</u> IF UNDER 24 HR <u>13</u> Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Principal</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools Near Purdin, Linn Cty. Mo.</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>U S A</u></p>	
<p>13a. FATHER'S NAME <u>Edgar Cokerham</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Nellie Lambert</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Ella Brookshire</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT <u>Mrs. Floyd Cokerham Hannibal Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Cerebral Edema</u></p> <p style="text-align: center;">DUE TO (b) <u>Brain Tumor</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>		<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:15</u> <u>A.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u></p>		<p>22b. ADDRESS <u>Hannibal, Mo</u></p>		<p>22c. DATE SIGNED <u>12/17</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>12/17/1962</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park Hannibal Missouri</u></p>	
<p>24. FUNERAL DIRECTOR <u>Smith's Funeral Home, Hannibal Missouri</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>Dec. 17, 1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

VS 300 Rev. 4/59
 10648
 3648
 3
 4 0
 5 1
 6
 7 0
 8 0
 9 8
 10
 11
 12 1-0
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

MISSOURI

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 John S. Stan

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.

Permit received 12/17/62