

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048614
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 173

FILED DEC 24 1963

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford (twp)		c. CITY OR TOWN Troy Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital		d. STREET ADDRESS (If outside, give location) Troy Mo.	
3. NAME OF DECEASED (Type or print) First WANDA Middle Lou Last Cockrell		4. DATE OF DEATH Month Dec. Day 13 Year 1963	
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 22, 1962
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 1 Months 10 Days 21 Hours Min.
11a. FATHER'S NAME James Cockrell		11b. MOTHER'S MAIDEN NAME Dorothy Boston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) None		16. SOCIAL SECURITY NO. [Redacted]	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE James Cockrell Troy Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DENY DRATION + ANEMIA			INTERVAL BETWEEN ONSET AND DEATH 48 HOURS
DUE TO (b) CEREBRAL UNDERDEVELOPMENT			23 MONTHS
DUE TO (c) TWIN AT BIRTH			23 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHILD NEVER DEVELOPED NORMALLY			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 checked="" 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.	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 1961 to 12-13-63 and last saw her alive on 12-13-63 Death occurred at 2:00P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul T. Berry M.D.		22b. ADDRESS Troy, Mo.	
22c. DATE SIGNED 12/14/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 15 1963	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	23d. LOCATION (City, town, or county) Troy Mo.
24. FUNERAL DIRECTOR Wayne McCoy Troy Mo.		25. DATE RECD. BY LOCAL REG. 12-17-1963	
26. REGISTRAR'S SIGNATURE Charlotte Leek			

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 1 0570
 2 0570
 3 2
 4 3
 5 0
 6
 7 0
 8 2
 9 753.1
 10
 11
 12 1-0
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

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 _____
Signature of Student Embalmer

Licensed Embalmer No. _____
 P. O. Address _____

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.