

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7964

BIRTH NO. _____ REG. DIST. NO. 545 PRIMARY REG. DIST. NO. 5790 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON. RFD.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton Rural 3000</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles East of Carrollton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-50</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u> b. (Middle) <u>Francis</u> c. (Last) <u>Cochenkover</u>			5. SEX <u>FEMALE</u>
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 20-1869</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll County, Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13a. FATHER'S NAME <u>William Longbrake</u>		13b. MOTHER'S MAIDEN NAME <u>Luetta Moon</u>	14. NAME OF HUSBAND OR WIFE <u>George A. Cochenkover - Deceased</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>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Williams Cox</u> ADDRESS <u>Boonville, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Coronary</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Mar 1</u> , 19 <u>50</u> , to <u>Mar 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 14</u> , 19 <u>50</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MS</u>		23b. ADDRESS <u>Carrollton, Mo</u>	
23c. DATE SIGNED <u>3/15/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>3-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Enon</u>	
24d. LOCATION (City, town, or county) (State) <u>Down, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Dickerson</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>3/15/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS _____	

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 20

District Health Officer No. 8,

District File Number _____

Date Filed 3-21-50

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

Student Embalmer

Signed

E. A. Decker

Licensed Embalmer No. 2534

P. O. Address Boyard MO

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 this body is not embalmed, fact should be so stated above.