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FILED OCT 26 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32224

Registration District No. 55

Primary Registration District No. 3010

Registrar's No. 320

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rear 514 Independence Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether)  
In this community 18 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Harlow G. Cotner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-09-9475

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Gertrude Chappius 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July don't know 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months - Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor at Chamber of Com

11. Industry or business Bldg. in Cape Girardeau

MOTHER FATHER

12. Name Joe Cotner

13. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Cotner

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 10-20-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director H. B. Beman

(b) Address Cape Girardeau, Missouri

19. (a) 10-22-48 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 238 Rear No. Pacific Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th  
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 940  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 3

Signature Dr. J. F. Sigmond Cotner  
(M.D.) (M.D.)  
Address Jackson Mo Date signed 10/22/48

RECEIVED

Sanitary Health Officer No. 4  
Case File Number 1048-131  
Date Filed 10-25-48

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Howard R. Plaman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

**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.**