

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41632**

FILED JAN 5 1950

BIRTH NO. _____ REG. DIST. NO. **182** PRIMARY REG. DIST. NO. **5684** Registrar's No. **22**

58
0060
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Linn b. CITY OR TOWN Rural (Clay) c. LENGTH OF STAY (in this place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION none		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn Co c. CITY OR TOWN Linnens, Rural (Clay) d. STREET ADDRESS (If rural, give location) 3 miles west of Linnens		
3. NAME OF DECEASED a. (First) William b. (Middle) Stephen c. (Last) Cotter			4. DATE OF DEATH (Month) (Day) (Year) Dec 24, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 5, 1877	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months 2 Days 19 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME William E. Cotter		13b. MOTHER'S MAIDEN NAME Mary Kelley	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Charles Cotter, Linnens Mo. ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 40 hours
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		10 years 10 years 3 3/4
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) _____	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>Sept. 1949</u> to <u>Dec 24 1949</u>, that I last saw the deceased alive on <u>Dec 23 1949</u> and that death occurred at <u>10:30 AM</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W.B. Simpson, M.D.		23b. ADDRESS Brookfield Mo		23c. DATE SIGNED 12/26/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-1949	24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	24d. LOCATION (City, town, or county) (State) Linnens Missouri	
DATE REC'D BY LOCAL REG. Dec 31-49	REGISTRAR'S SIGNATURE Mrs. Lodie Kelley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brother's Funeral Home, Linnens, Mo.		

JUN 26 1950



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 W R Wright

Licensed Embalmer No. 4655

P. O. Address Leeds, 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 this body is not embalmed, fact should be so stated above.