

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5510

State File No.

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles	
c. LENGTH OF STAY (in this place) 28 yrs		d. STREET ADDRESS (If rural, give location) 104 W. Green	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 W. Green			

3. NAME OF DECEASED (Type or Print)	a. (First) Daniel Hart	b. (Middle)	c. (Last) Cotten	4. DATE OF DEATH March 5, 1950
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) Married	8. DATE OF BIRTH March 24, 1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during in part of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Miller Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph H. Cotten	13b. MOTHER'S MAIDEN NAME Nancy McCombs	14. NAME OF HUSBAND OR WIFE Sophia Bowlin Cotten
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Chas. Cotten	ADDRESS 4012 E. 31st. K. C., MO.
(If yes, give war or dates of service)			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung		Don't Know
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) massive hemorrhage from lung DUE TO (c) 		10 min
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		163X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 1, 1950, to Mar 5, 1950, that I last saw the deceased alive on Mar 1, 1950, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Kuan MD (Degree or title)	23b. ADDRESS Versailles Mo	23c. DATE SIGNED 3/5/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 7-50	24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	24d. LOCATION (City, town, or county) (State) Versailles, Missouri
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DATE REC'D BY LOCAL REG. Mar 10-1950	REGISTRAR'S SIGNATURE J. L. Washburn	25. FUNERAL DIRECTOR'S SIGNATURE D. L. Keir	ADDRESS Versailles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 9-50-196
Date Filed 3-13-50

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 Raymond C. Parker

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.