

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 147 ^{Allen}

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0105</u>	
c. LENGTH OF STAY (in this place) <u>33</u> Years		d. STREET ADDRESS (If rural, give location) <u>1510 University Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MABEL</u>	b. (Middle)	c. (Last) <u>COTTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1951</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>March 15, 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Paris, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	--	--

13a. FATHER'S NAME <u>Francis Caplinger Cooper</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Ross</u>	14. NAME OF HUSBAND OR WIFE <u>Weldon Cotton</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. Philip Cotton, Columbia, Mo.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> <u>1 week</u> <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>+ angina pectoris</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE (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 Jan 24, 1951, to Jan 29, 1951, that I last saw the deceased alive on Jan 28, 1951, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. Allen M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>1-29-51</u>
---	-------------------------	---------------------------------	---------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 29 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	31	FUNERAL DIRECTOR'S SIGNATURE <u>Garner Funeral Service, Columbia, Mo</u>	ADDRESS _____
---	---	----	--	---------------

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

RECEIVED 2.5.51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2.5.51

APR 20 1951

APR 20 1951

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 ~~by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address. *Columbia, 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.