

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8135
Registrar's No. 245

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465

390
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield TOWN Rural-3rd N. Campbell		c. CITY (If outside corporate limits, write RURAL and give township) Springfield TOWN 1396	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital		d. STREET ADDRESS (If rural, give location) 312 College St,	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Thomas c. (Last) Cotter			4. DATE OF DEATH (Month) (Day) (Year) March 19 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 3 1874		9. AGE (In years last birthday) Months Days Hours Min. 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Maker		10b. KIND OF BUSINESS OR INDUSTRY Ciger Business		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Weaver Ballinger Springfield	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broncho-pneumonia			3 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis			Unknown
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			H91X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Mar 10, 1951, to Mar 19, 1951, that I last saw the deceased alive on Mar 18, 1951, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) James R. Amos, M.D.		23b. ADDRESS Springfield Mo.		23c. DATE SIGNED 3/20/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-21-51		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
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DATE REC'D BY LOCAL REG. 3-21-51		REGISTRAR'S SIGNATURE A.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield	
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address.....

Springfield

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.