

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9179

560  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaGrange</b>		c. LENGTH OF STAY (In this place) <b>XIXSIXA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaGrange</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Russell</b>			b. (Middle) <b>C.</b>		c. (Last) <b>Cottrell</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 19, 1951</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Dec. 16, 1893</b>		9. AGE (In years less birthday) <b>58 57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>LaGrange, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Cottrell</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lemon</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-28-3832</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. R.N. Lyon, LaGrange, Missouri</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ALCOHOLISM + EXPOSURE TO TEMPERATURE 18°</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>HAD BEEN DRINKING + FOUND DEAD OUT IN YARD</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>3222</b>				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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>O. H. E. [Signature]</b>		(Degree or title)		23b. ADDRESS <b>La Grange, Mo</b>	23c. DATE SIGNED <b>3/20/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Mar. 21, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Marks cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>LaGrange, Mo.</b>		

DATE REC'D BY LOCAL REG. **3/27/50** REGISTRAR'S SIGNATURE **P. W. Jennings, M.D.** 161 FUNERAL DIRECTOR'S SIGNATURE **J. Kenneth Bailey** ADDRESS **LaGrange, Mo.**  
(Licensed Embalmer, State of Missouri)

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

APR 28 1951

APR 5 1951

Date Received: APR 3 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-650  
Date Filed: APR 3 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, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Kenneth Bailey*  
Licensed Embalmer No. *4248*

P. O. Address *La Grange, Ill.*

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.