

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9466
REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387 Registrar's No. 10

0750
1

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

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) Alton		c. LENGTH OF STAY (in this place) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Alton	
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD		b. (Middle) LEE	
c. (Last) COTHAM		4. DATE OF DEATH (Month) (Day) (Year) 2-8-51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Sept. 5, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 58 5 3
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Cotham		13b. MOTHER'S MAIDEN NAME Unknown	
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) Yes World War 1	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Williams, Mt. Vernon, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Body found in House Trailer DUE TO (c) Body Burned 50% 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 4201	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leo (Doc) Martin, 3		23b. ADDRESS Curran St. Jasper, Mo.	
23c. DATE SIGNED 3-24-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/10/51	
24c. NAME OF CEMETERY OR CREMATORY Many Springs		24d. LOCATION (City, town, or county) (State) Oregon Co., Mo.	
DATE REC'D BY LOCAL REG. Mar 30-51		REGISTRAR'S SIGNATURE Mrs W Johnson 233	
25. FUNERAL DIRECTOR'S SIGNATURE Delane Carter		ADDRESS Thayer, Mo.	

RECEIVED

APR 2 1951

APR 7 1951 DISTRICT HEALTH OFFICE No. 6

File No.....

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 ^{not}.....

.....
working under my personal supervision.

Signed.....

Selma Carter

Student Embalmer No.....

Signed.....

Student Embalmer

Licensed Embalmer No. *4516*

P. O. Address *Shaver Ind*

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.