

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4596
State File No. _____
Registrar's No. 114-A

FILED FEB 18 1952

BIRTH NO. 6511 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

396

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 Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Ava Missouri, Rural	
c. LENGTH OF STAY (In this place) 5 1/2 days		d. STREET ADDRESS (If rural, give location) Rt #4 0340	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Vicky b. (Middle) Lynn c. (Last) Cotton			4. DATE OF DEATH (Month) (Day) (Year) Feb 6 1952		
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5. SEX female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 2-5-52		9. AGE (In years last birthday) -- --		10. UNDER 1 YEAR Months --		11. UNDER 1 WEEK Days 1		12. UNDER 1 MIN. Hours --	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Springfield, Missouri			12. CITIZEN OF WHAT COUNTRY? American		
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13a. FATHER'S NAME Clarence Cotton			13b. MOTHER'S MAIDEN NAME Leslie Rose Pollard			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Charles Clarence Cotton		ADDRESS Ava, Mo	
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL BIRTH HEMORRHAGE		DUE TO (b)						1 d	
ANTECEDENT CAUSES		DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral cleft palate + hare lip.								1 d	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7600				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 6-5-1952, to 7-6-1952, that I last saw the deceased alive on 2-6-1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles B. Wisocki M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 2-8-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-7-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor		24d. LOCATION (City, town, or county) (State) Ava, Missouri	
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DATE REC'D BY LOCAL REG. 2-11-52		REGISTRAR'S SIGNATURE James H. Amos M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.	
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Baby Not Embalmed - Parents Request

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.