

No. 300 FILED MAR 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7308

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 4031 Registrar's No. 57

1. PLACE OF DEATH  
a. COUNTY Bates  
b. CITY (If outside corporate limits, write RURAL and give town or township) Adrian  
c. LENGTH OF STAY (If in this place) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION Adrian

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Bates  
c. CITY (If outside corporate limits, write RURAL and give township) Adrian nc 10  
d. STREET ADDRESS (If rural, give location) Adrian 0

3. NAME OF DECEASED  
a. (First) Lula b. (Middle) Florence c. (Last) Nestlerode Cottingham

4. DATE OF DEATH (Month) (Day) (Year)  
3-6-1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 12-27-1873  
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Carr Dudley

13b. MOTHER'S MAIDEN NAME Adelia Newkirk

14. NAME OF HUSBAND OR WIFE Robert Cottingham

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Nestlerode Archie, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) 331X  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH  
1 day  
  
10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1941, to Mar. 5, 1952; that I last saw the deceased alive on Mar 5, 1952, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. Colson DO.

23b. ADDRESS Adrian Mo

23c. DATE SIGNED 3-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-8-1952

24c. NAME OF CEMETERY OR CREMATORY Virginia Cemetery

24d. LOCATION (City, town, or county) (State) Bates Co. Missouri

DATE REC'D BY LOCAL REG. 3-8-52

REGISTRAR'S SIGNATURE Myra Owens 16

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cubert-Underwood Butler, Mo.

PLEASE  
1070  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*Robert W. Steinbeck*

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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.