

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13415**

FILED APR 18 1952

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 7

1. PLACE OF DEATH
 a. COUNTY Johnson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden
 c. LENGTH OF STAY (In this place) 75 year
 d. FULL NAME OF HOSPITAL OR INSTITUTION at home

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

3. NAME OF DECEASED
 a. (First) Lucy b. (Middle) Jane c. (Last) Cotter

4. DATE OF DEATH (Month) (Day) (Year)
April 5, 1952

5. SEX female

6. COLOR OR RACE white

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

8. DATE OF BIRTH Jan. 13, 1877

9. AGE (In years last birthday) 75

IF UNDER 1 YEAR: Months 2 Days 22
 IF UNDER 12 HRS. Hours 22 Min.

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

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Holden, Missouri

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

13a. FATHER'S NAME Wm. B. Davidson

13b. MOTHER'S MAIDEN NAME Mary Ellen Perrine

14. NAME OF HUSBAND OR WIFE W. L. Cotter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) xxxx

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Wm. L. Cotter ADDRESS Holden, Missouri

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) Chronic myxo Carditis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) Chronic Rheumatoid Arthritis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4221

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)

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 April 2, 1949 to April 5, 1952 that I last saw the deceased alive on April 5, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Kelly Rawlins M.D. (Degree or title)

23b. ADDRESS Holden, Mo.

23c. DATE SIGNED 4-9-52

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

24b. DATE 4/7/52

24c. NAME OF CEMETERY OR CREMATORY Rock Springs Cemetery

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

DATE REC'D BY LOCAL REG. 4-12-52

REGISTRAR'S SIGNATURE Mrs. James W. Redford

25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp ADDRESS Holden, Missouri

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

510

RECEIVED
APR 14 1952
JOHNSON COUNTY HEALTH DEPT

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

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.