

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27178**

No. 300  
10.48 **10 AUG 18 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **849**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>BUCHANAN</b> <sup>0110</sup>                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b> b. COUNTY <b>BUCHANAN</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. JOSEPH</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>0117</b><br>OR TOWN <b>ST. JOSEPH</b> <sup>0</sup>             |  |
| c. LENGTH OF STAY (in this place) <b>40 YRS</b>                                    |  | d. STREET ADDRESS (If rural, give location) <b>1116 - E - HIGHLAND - AV.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH - HOSPITAL</b>               |  |  |  |

|                                     |                          |                             |                       |   |
|-------------------------------------|--------------------------|-----------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>JOSEPH</b> | b. (Middle) <b>CLARENCE</b> | c. (Last) <b>COTT</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>AUG - 4 - 52</b> |
|-------------------------------------|--------------------------|-----------------------------|-----------------------|---|

|                    |                               |   |   |   |                             |                             |
|--------------------|-------------------------------|---|---|---|-----------------------------|-----------------------------|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>DEC - 10 - 1895</b> | 9. AGE (In years last birthday) <b>56</b> | 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) <b>HUCKSTER</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>FRUIT &amp; VEG.</b> | 11. BIRTHPLACE (State or foreign country) <b>0</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b> |
|---|---|--|--|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>EUGENE - COTT</b> | 13b. MOTHER'S MAIDEN NAME <b>ROSA - CROSSLIN -</b> | 14. NAME OF HUSBAND OR WIFE <b>MARY - COTT</b> |
|---|--|--|

|  |                                     |   |                          |
|--|-------------------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Miss Mary Cott</b> | ADDRESS <b>At Joseph</b> |
|--|-------------------------------------|---|--------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 <b>8-8-52</b><br><br><b>March 1952 +</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular thrombosis</b>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>332X</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) (Min.) | 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 **8-1**, 1952, to **8-4**, 1952 that I last saw the deceased alive on **8-3**, 1952 and that death occurred at **12:30 am.**, from the causes and on the date stated above.

|   |   |                                |
|---|---|--------------------------------|
| 23a. SIGNATURE (Degree or title) <b>George W. Forman MD</b> | 23b. ADDRESS <b>902 Edmond St. St. Joseph</b> | 23c. DATE SIGNED <b>8-4-52</b> |
|---|---|--------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>AUG - 6 - 52</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>MT. AUBURN - CEM.</b> | 24d. LOCATION (City, town, or county) (State) <b>ST. JOSEPH - MO</b> |
|--|-------------------------------|---|--|

|  |   |  |         |
|--|---|--|---------|
| DATE REC'D BY LOCAL REG. <b>Aug 14, 1952</b> | REGISTRAR'S SIGNATURE <b>Carl C. Casper</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Stevens Funeral Home - At Joseph</b> | ADDRESS |
|--|---|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 E. Bennett

Licensed Embalmer No. 4637

P. O. Address St Joseph 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.