

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44495

State File No. _____

FILED JAN 19 1952

4175
~~5477~~ Registrar's No. 176

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. _____

0350
1

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hornersville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hornersville, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>yr</u>		d. STREET ADDRESS (If rural, give location) <u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Luna</u>	b. (Middle) <u>Eva</u>	c. (Last) <u>Cotton</u>	(Month) <u>Nov.</u>	(Day) <u>10</u>	(Year) <u>1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 19-1887</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when it retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Owals, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Glass</u>	13b. MOTHER'S MAIDEN NAME <u>Luna Green</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Cotton</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Francis Loge</u>	ADDRESS <u>Hornersville, Mo.</u>
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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 <u>2 or 4 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tbc</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002 X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 10/10, 1962 to 10/10, 1962, that I last saw the deceased alive on 10/10/62, 1962, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. McDaniel MD</u>	(Degree or title)	23b. ADDRESS <u>Hornersville, Mo.</u>	23c. DATE SIGNED <u>11/12/52</u>
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24a. BURIAL, CREMATION, RE-OVAL (Specify) <u>Burial</u>	24b. DATE <u>10-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Horners Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hornersville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-1-52</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinschorn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Home</u>	ADDRESS <u>Hay Albright, Jonesboro, Ark</u>
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(Licensed Embalmer's Statement of Death to be filled in on reverse side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-12-53

COUNTY FILE NUMBER 133-5

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 Tom T. Emerson

Licensed Embalmer No. 895

P. O. Address Jonesboro, Ark.

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.