No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1953

State File No. 32279

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 97

54 0

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (In this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lexington Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 054D
d. STREET ADDRESS (If rural, give location): 8½ miles southeast of Lexington 0

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Herbert c. (Last) Cotterell

4. DATE OF DEATH (Month) (Day) (Year): September 25, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 7

8. DATE OF BIRTH: March 8, 1879

9. AGE (In years last birthday): 74 — If under 1 year: Months 6, Days 17 — If under 24 hrs.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Lafayette County

11. BIRTHPLACE (City and State or Foreign Country): Blair, Nebraska 7

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

13a. FATHER'S NAME: Charles S. Cotterell

13b. MOTHER'S MAIDEN NAME: Matilda White

14. NAME OF HUSBAND OR WIFE: Eva Ruth Wood

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Frank Cotterell, Wallington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic poisoning — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

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. Chronic myocarditis

19a. DATE OF OPERATION: 9/12/53

19b. MAJOR FINDINGS OF OPERATION: Supra-cubic prostectomy

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) m.

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* 9/4/53, 19___, *to* 9/25/53, 19___, *that I last saw the deceased alive on* 9/25/53 19___, *and that death occurred at* 2:22A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben H. Brasher MD 0

23b. ADDRESS: Lexington, Mo.

23c. DATE SIGNED: 10/5/53

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

24b. DATE: Sept. 27, 1953

24c. NAME OF CEMETERY OR CREMATORY: Concord

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

DATE REC'D BY LOCAL REG.: 10-6-53

REGISTRAR'S SIGNATURE: Minnie E. Eschbach 1565

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Ernest T. Tempel, Lexington, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.