

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22331

State File No. ....

FILED JUL 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before death) (Institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>	c. LENGTH OF STAY (in this place) <u>1 Month</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wilson Nursing Home - S. Spring St.</u>		d. STREET ADDRESS (If rural, give location) <u>0160</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pierce</u> b. (Middle) <u>Cotter</u> c. (Last) <u>Cotter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 4 1869</u>	9. AGE (In years, if under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>85</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Neelys Landing Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Edward Cotter</u>	13b. MOTHER'S MAIDEN NAME <u>Letitia Neely</u>	14. NAME OF HUSBAND OR WIFE
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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>Mrs. J. Miller - R.F.D. 0160</u>	18. ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>603 X</u>	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 7:00-1, 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. G. Miller</u> (Degree)	23b. ADDRESS <u>Cape Girardeau</u>	23c. DATE SIGNED <u>7/13/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cotter Cemetery</u>	24d. LOCATION (city, town, or county) (State) <u>Cape Girardeau Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-14-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. G. Miller</u>	ADDRESS <u>St. Jackson Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-7533

**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 BA Meyer

Licensed Embalmer No. 3054

P. O. Address Jackson 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.