

No. 300
10. 48

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4181

State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5212 Registrar's No. 6-5

1. PLACE OF DEATH a. COUNTY <u>Carter Carter Town</u>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>		
b. CITY OR TOWN <u>Van Buren</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Van Buren</u>		<u>0.180</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home of C. D. McKinney Jr.</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tolman</u> b. (Middle) <u>W.</u> c. (Last) <u>Cotton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-55</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 12 1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>m. D.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ruble Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Smith W. Cotton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Barnes</u>	
14. NAME OF HUSBAND OR WIFE <u>Fannye Cotton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-18-3924</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Head Cotton</u>		17. ADDRESS <u>Van Buren</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Circulatory Failure</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1- hours	
DUE TO (b) <u>Chronic Myocarditis</u>		DUE TO (c) <u>arterial Hypertension</u>		34 months	
DUE TO (c) <u>arterial Hypertension</u>		Conditions contributing to the death but not related to the disease or condition causing death.		6 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>2-6-1955</u> , to <u>2-6-1955</u> , that I last saw the deceased alive on <u>2-5-1955</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski, D.O.</u>		23b. ADDRESS <u>Van Buren Mo.</u>		23c. DATE SIGNED <u>2-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren</u>	
24d. LOCATION (City, town, or county) (State) <u>Van Buren Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Oeta Neisson Seaton Sewitt</u>		ADDRESS <u>Van Buren Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 15-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Neisson Seaton Sewitt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Oeta Neisson Seaton Sewitt</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0180

JUL 12 1955

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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren m

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.