THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2407

FILED FEB 4 1957

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 241

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Huntsville Rural — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pleasant View — Length of stay in 1b 4 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Clark — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MAGGIE Middle LEE Last COTTINGHAM

4. DATE OF DEATH Month January Day 30 Year 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH July 24 1869 9. AGE (In years last birthday) 87 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME C. J. Brockman 14. MOTHER'S MAIDEN NAME Mattie Woods

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. None 17. INFORMANT James Hubbard Address Mexico Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture of R. Hip — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 9040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 23 Senile Psychosis - 5 yr. — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Hour 5:00 a.m. p.m. Month, Day, Year Jan 28 1957

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 20f. CITY, TOWN, OR LOCATION Huntsville COUNTY Randolph STATE Mo.

21. I attended the deceased from Jan 28, 1957 to Jan 29, 1957 and last saw her alive on Jan 29, 1957
Death occurred at 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. V. Dreyer (Degree or title) MD 22b. ADDRESS Huntsville, Mo. 22c. DATE SIGNED 1/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb 1-1957 23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery 23d. LOCATION (City, town, or county) Moberly (State) Missouri

24. FUNERAL DIRECTOR Cater Funeral Home ADDRESS Moberly Mo 25. DATE RECD. BY LOCAL REG. 1-31-1957 26. REGISTRAR'S SIGNATURE Mary P. Bentley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. H-1

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.