V.S. No. 300
Rev. 10.48

Certification of death made on records of coroner's investigation

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

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12071

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5102 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Fristoe township)
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (1 mile North Fristoe)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN: Cross Timbers
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0430 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle): LOUISE
c. (Last): COTHERN

4. DATE OF DEATH (Month) (Day) (Year): Apr. 7 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Dec 1, 1941
9. AGE (In years last birthday): 15 — If under 1 year: Months 8, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: High School Student
11. BIRTHPLACE (City and State or Foreign Country): Cross Timbers, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Diamond D. Cothern
13b. MOTHER'S MAIDEN NAME: Hattie Philbert
14. NAME OF HUSBAND/OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hattie Ussery — **ADDRESS**: Cross Timbers, 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): Severe traumatic shock — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): automobile wreck (Passenger in auto)

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒ 2

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway
21c. ~~(CITY, TOWN, OR~~ TOWNSHIP) 008 (COUNTY): Fristoe (COUNTY): Benton (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 7 57 10:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Careless and reckless driving

22. *I hereby certify that I attended the deceased from* Apr. 7, 1957, *to* _____, 19__, *that I last saw the deceased alive on* Dead on arrival, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Russell (Degree or title): DO 2
23b. ADDRESS: Warsaw, Mo
23c. DATE SIGNED: 4/9/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 11, 1957
24c. NAME OF CEMETERY OR CREMATORY: Cross Timbers Cemetery
24d. LOCATION (City, town, or county) (State): Cross Timbers Hickory Co. Mo

DATE REC'D BY LOCAL REG.: Apr. 10-1957
REGISTRAR'S SIGNATURE: Jas. A. Logan.
25. FUNERAL DIRECTOR'S SIGNATURE: John F. Reser — ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

23-D

APR 18 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.