

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1958

State File No. **2246**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **104**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pettis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits write RURAL and give township) <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>14 yrs</b>	c. CITY OR TOWN <b>Sedalia</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sedalia Rest Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Modesta</b> b. (Middle) <b>Cotton</b> c. (Last) <b>Gua-jardo</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>1-30-1958</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>10-28-1899</b>
<b>9. AGE</b> (In years last birthday) <b>59</b>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>McAlester Okla</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>	<b>13a. FATHER'S NAME</b> <b>Jerry Cotton</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Dora Cotton</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Lula Mae Scroggin Sedalia Mo</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma of <del>breast</del></b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Transverse colon</b> DUE TO (c) <b>with metastases to Peritoneum</b>	INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>1531</b> (COUNTY) (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>3-7-1957</u>, to <u>1-30-1958</u>, that I last saw the deceased alive on <u>1-30-1958</u>, and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>A. R. Maddox M.D.</b>		<b>23b. ADDRESS</b> <b>Sedalia Mo</b>	<b>23c. DATE SIGNED</b> <b>2-3-58</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>2-4-58</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Crown Hill Annex</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Sedalia Pettis Mo</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>2-4-58</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Frances Kelly</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>George H. Green Marshall Mo</b>	

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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.....  
Signature of Student Embalmer

Signed *Georget Green*

Licensed Embalmer No. *422*

P. O. Address *Marshall*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.