THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006532
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 251 Primary Registration District No. Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallin Nursing Home — Length of stay in Ib 11 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Skidmore c/140 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CLARENCE Middle MELVIN Last COTTRELL

4. DATE OF DEATH: Month 2 Day 18 Year 59

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/18/59
9. AGE (In years last birthday): 81 — 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): Farmer-retired
10b. KIND OF BUSINESS OR INDUSTRY: Own account
11. BIRTHPLACE (City and state or country): Prineville, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Bart Cottrell
13b. MOTHER'S MAIDEN NAME: Catherine Smock
14. NAME OF HUSBAND OR WIFE: Cottrell Edith Torrey Glenn

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.: 542-28-6359
17. INFORMANT: Mrs. Edith Cottrell, Address Skidmore, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Exsanguinating intra-abdominal hemorrhage — minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Erosion of malignancy of prostate — weeks
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility - generalized arteriosclerosis 17 yr.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 31 - 1959, to 2/18/59 and last saw him alive on Feb 17. 1959
Death occurred at 3:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harvin Ford (Degree or title) D. O. 2
22b. ADDRESS Elmo, Missouri
22c. DATE SIGNED Feb. 20 59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/21/59
23c. NAME OF CEMETERY OR CREMATORY: Burr Oak
23d. LOCATION (City, town, or county) (State): Skidmore, Missouri

24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo
25. DATE RECD. BY LOCAL REG.: 2-23 59
26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 15 1959

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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