Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008998
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 120 Primary Registration District No. ____ Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: GENTRY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): LONE STAR, RURAL — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 8 Mi. NE. Of Albany, MO. — Length of stay in Ib: 25 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY: GENTRY
c. CITY OR TOWN: LONE STAR — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 8 Mi. NE, Of Albany, MO. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: JOHN — Middle: WILLIAM — Last: COTTRILL

4. DATE OF DEATH: Month: MARCH — Day: 19 — Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: April 27, 1889

9. AGE (In years last birthday): 69 — 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): Telephone Operator

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and state or country): Gentry Co, MO.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Cottrill

13b. MOTHER'S MAIDEN NAME: Percy Beck

14. NAME OF HUSBAND OR WIFE: Ruby Cottrill

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.: 495-01-6146

17. INFORMANT: Mrs. Ruby Cottrill — Address: Albany, 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): Pulmonary Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ____
DUE TO (c): 163 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 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 17. Oct. 56, to 19. March. 59 and last saw him alive on 19. March. 1959
Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. S. Merrill D.O. 2

22b. ADDRESS: Albany, Missouri

22c. DATE SIGNED: Mar. 23. 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: March. 22, 1959

23c. NAME OF CEMETERY OR CREMATORY: Lone star Cemetry

23d. LOCATION (City, town, or county): Rural- Albany — (State): MO

24. FUNERAL DIRECTOR: Kermit Brau — ADDRESS: Denver, Mo

25. DATE RECD. BY LOCAL REG.: 3-23-59

26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. D. S. Merrill

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 John Andrews, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

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

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