

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012813
STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. 100 Primary Registration District No. Registrar's No. 25

300
-57

1. PLACE OF DEATH a. COUNTY Dent			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. Dent		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Short Bend		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Salem		0 330 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b 12 yrs	d. STREET ADDRESS rt 3 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elzie Middle M. Cotner Last			4. DATE OF DEATH Month May Day 8 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 15 1888		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (City and state or country) Dent Co Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Martin Cotner		13b. MOTHER'S MAIDEN NAME Rebecca Apperson	
14. NAME OF HUSBAND OR WIFE Susie Freeman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Susie Cotner		Address Salem Mo rt 3			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia and Burns					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) When Residence was destroyed by fire		
20c. TIME OF INJURY Hour 1:00 Month, Day, Year 5 8 59			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION Rt. 3 Salem		COUNTY Dent	STATE Mo.
21. I attended the deceased from _____, to _____ and last saw ^{her} / _{him} alive on _____ Death occurred at 1:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Hayden B. Powell, Jr. Coroner</i> ³			22b. ADDRESS Salem, Mo.		22c. DATE SIGNED 5-II-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 10-59	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem		23d. LOCATION (City, town, or county) (State) Salem Mo
24. FUNERAL DIRECTOR Spencer Funeral Home Inc			ADDRESS	25. DATE RECD. BY LOCAL REG. 5/11/59	26. REGISTRAR'S SIGNATURE <i>M.M. Hart, M.D. by AM</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Carl R. Pinner*
Licensed Embalmer No. *2371*
P. O. Address *Dalton, N.C.*

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.