

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042113

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 450

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington		Length of stay in 1b 4 mo.	c. CITY OR TOWN Arcadia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) general delivery Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GUSTAV LOUIS COTTRELL			4. DATE OF DEATH Month Day Year Nov. 20 1961		
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 Apr. 17 1878	9. AGE (last birthday) 83	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LaGrange, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Cottrell	13b. MOTHER'S MAIDEN NAME Sarah Lemon	14. NAME OF HUSBAND OR WIFE Bertha Cottrell	

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 Address Bertha Cottrell, Arcadia Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Apoplexy		
	DUE TO (c) arteriosclerotic vessels		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Nov 13, 1961 to Nov 20, 1961 and last saw him alive on Nov 20, 1961 Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Lester Stanfield MD	22b. ADDRESS Homington Mo	22c. DATE SIGNED 11/24/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-24-61	23c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery
23d. LOCATION (City, town, or county) Graniteville Mo.		

24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. <i>Andy White</i>	25. DATE RECD. BY LOCAL REG. Nov. 23, 1961	26. REGISTRAR'S SIGNATURE Ethel Rudloff
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DATE AMENDED
INSTEAD OF
BY AFFIDAVIT OF
SIGNED READ
FILE NO.

DOCUMENT

MEDICAL CERTIFICATION

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 *Russell J. White*

Licensed Embalmer No. *3012*

P. O. Address *Dorchester, Mass.*

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.