

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025115

STATE FILE NUMBER

Registration District No. 222 Primary Registration District No. 5779 Registrar's No. 22

FILED JUL 2 1963

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Franklin Township</b>		c. CITY OR TOWN <b>Eldon</b>	
Length of stay in b. <b>years</b>		Inside limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Star Rt., Eldon</b>		d. STREET ADDRESS (If outside, give location) <b>Star Route</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>John Edward Cotten</b>			4. DATE OF DEATH Month <b>May</b> Day <b>31</b> Year <b>1963</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/18/06</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>57</b>
11. BIRTHPLACE (City and state or country) <b>Eldon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John P. Cotten</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Wood</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Cotten</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Grace Cotten</b> Address <b>Eldon, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEMORRHAGE AND SHOCK</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 Min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>TRAUMATIC INJURY TO NECK AND BRAIN</b>			"
DUE TO (c) <b>12 GAUGE GUN SHOT WOUND</b>			"
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 checked="" 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 <b>7:52</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <b>5-31-63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>in yard of home</b>		20f. CITY, TOWN, OR LOCATION <b>Star Route-Eldon</b>	COUNTY <b>Miller</b> STATE <b>Mo.</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>8:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>D. P. Humphreys, D.O., Coroner</b>		22b. ADDRESS <b>Tusculum, Mo.</b>	22c. DATE SIGNED <b>6-3-63</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>burial</b>	23b. DATE <b>6/4/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woods</b>	23d. LOCATION (City, town, or county) (State) <b>Eldon Missouri</b>
24. FUNERAL DIRECTOR <b>Phillips Funeral Home</b> ADDRESS <b>Eldon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 3, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Glenn Walter</b>

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

