

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1064

Primary Registration District No. 5842

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Johnson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 70 years (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME William Isaac Cotham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loretta M. Adams 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 26 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>6</u>	hr. _____ min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Ples Cotham

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy I. Edwards

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. I. Cotham

(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40
(Month) (Day) (Year)

(c) Place: burial or cremation Lance Cemetery

18. (a) Signature of funeral director _____

(b) Address Thayer, Mo. 567

19. (a) Jan. 2, 1941 (b) Loretta M. Cotham, Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Alton (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1940 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 1st 1940 to Dec 2nd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary P. Sclerosis of Heart
Myocardial Infarction
Acute Myocarditis

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 12410

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 14176

Date Filed _____

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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