

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21044

Registration District No. 256

Primary Registration District No. 5375

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Howes Mill Osage Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Thos. Jefferson Cottrell

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Marrie Cottrell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Cottrell

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

14. Maiden name Nancy William

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

16. (a) Informant Mr. Chas. Shotton

(b) Address Howes Mill, Mo.

17. (a) Burial (b) Date thereof 7/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove, Cem.

18. (a) Signature of funeral director W. M. ...

(b) Address Salem, Mo.

19. (a) 1-6-42 (b) F. E. Butler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Howes Mill - Osage Township
(If outside city or town limits, write "RURAL")
(d) Street No. near Howes Mill, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1942 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from December 11, 1942 to January 4, 1942
that I last saw him alive on December 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97
Of autopsy _____

Duration _____
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) (a) Manner of injury X

23. Signature F. E. Butler M.D. (M. D. or other) M.D.
Address Salem, Missouri Date signed 1-6-42

RECEIVED

District Health Officer No. 5,

District File Number 442301

Date Filed 7-17-42

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 Carl W. Sperrin

Licensed Embalmer No. 237

P. O. Address Salem, Mo.

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 this body is not embalmed, above space should be left blank.