

Form No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36871

41116

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 26 1946

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Ernest Cottey

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 Evelyn H. Cottey 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Mar 19 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Lawyer

11. Industry or business \_\_\_\_\_

12. Name William M. Cottey

13. Birthplace Knox County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Inman

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

16. (a) Informant W. Cottey

(b) Address Kanawha - Mo

17. (a) BURIAL (b) Date thereof Dec. 20 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bee-Ridge Cemetary

18. (a) Signature of funeral director Paul P. Kuegshauer

(b) Address Edina Mo

19. (a) Dec-19-46 (b) Neil S. Hunter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1946 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from June, 1944, to Dec. 18, 1946  
that I last saw him alive on Dec. 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & myocardial degeneration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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 J. Breckenfeld (M. D. or other) J. D.  
Address Edina, Mo. Date signed 12/19/46

Duration

8 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

151

RECEIVED  
District Health Officer No. 10  
District File Number 12-46-2336  
Date Filed DEC. 24 1946

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

*Paul C. Pieghausen*

Licensed Embalmer No.

*4085*

P. O. Address

*Edina 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, fact should be so stated above.**