

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21530

FILED JUL 9 1947

Registration District No. 179

Primary Registration District No. 5-6-7-4287

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County... LINCOLN

(b) City or town... TROY

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... LINCOLN

(c) City or town... TROY

(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... LUCY VIRGINIA COTTLE

3. (b) If veteran, name war... ✓

3. (c) Social Security No. ... ✓

4. Sex... FEMALE

5. Color or race... WHITE

6. (a) Single, widowed, married, divorced... WIDOWED

6. (b) Name of husband or wife... WM. SHEYMAN COTTLE

6. (c) Age of husband or wife if alive... _____ years

7. Birth date of deceased... APRIL 14 1875

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	1	29	hr. _____ min. _____

9. Birthplace... ST LOUIS COUNTY MISSOURI

(City, town, or county) (State or foreign country)

10. Usual occupation... HOUSEWIFE

11. Industry or business... OWN HOME

12. Name... JAMES STEPHEN PENN

13. Birthplace... ST LOUIS COUNTY MISSOURI

(City, town, or county) (State or foreign country)

14. Maiden name... DOROTHY DANDEIXE

15. Birthplace... ST LOUIS COUNTY MISSOURI

(City, town, or county) (State or foreign country)

16. (a) Informant... MRS CLARA HEIMBUTHER

(b) Address... TROY

17. (a) BURIAL (b) Date thereof... JUNE 14 1947

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... TROY, PENN. TROY, MISSOURI

18. (a) Signature of funeral director... Memphis Funeral Home

(b) Address... Troy, Mo 64687

19. (a) July 22 47 (b) Emma B. Riddle

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 12

year 1947 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from May 14 to June 17 1947

that I last saw her alive on June 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Artery Disease

Due to... Arterio Sclerosis

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... gaff

Of autopsy... gaff

Duration

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... V. M.D.

23. Signature... J. C. Cleverly (M. D. or other)

Address... TROY MO Date 6/22/47

Date Filed 7-8-42

District File Number _____

District Health Officer No. 9

RECEIVED

AUG 10 1942

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.