No. 300
-10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

Registration District No. 9

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37693

State File No.

Primary Registration District No. 3056

Registrar's No. 301

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 302 E. Mc Kinsey /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 302 E. Mc Kinsey
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

88 6 3 0

3. (a) PRINT FULL NAME Willard Cottingham
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 Mayme
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb (Month) 12 (Day) 1877 (Year)
8. AGE: Years 71 Months 7 Days 14 If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

MOTHER FATHER
12. Name Samuel Cottingham
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Margaret Galbreath
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mayme Cottingham
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly. Mo
18. (a) Signature of funeral director Mohan & Son
(b) Address Moberly. Mo
19. (a) Nov 27 48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25th year 1948 hour 1 minute 30 a.m.
21. I hereby certify that I attended the deceased from July 1, 1948, to Nov 25, 1948, that I last saw him alive on 24 Nov, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1.) Uremia	2 weeks
2.) Congestive Heart failure	3 mo
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 926

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Clarence C Cohn (M. D. or other)
Address 204½ 24th, Moberly Mo Date signed 27 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1948

RECEIVED
District Health Officer No. 10
District File Number 11-48-2020
Date Filed NOV 29 1948

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Mobaly 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.