

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42369

FILED FEB 2 1949

BIRTH NO. _____		REG. DIST. NO. 320		PRIMAR. DIST. NO. 5711		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER - Rural</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. CITY OR TOWN <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY OR TOWN <u>HAHN - Liberty</u>		c. LENGTH OF STAY (In this place) <u>✓</u>		c. CITY OR TOWN <u>MINER</u>		d. STREET ADDRESS (If rural, give location) <u>SIKESTON R.F.D. #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SHELL AGED HOME</u>				d. STREET ADDRESS (If rural, give location) <u>SIKESTON R.F.D. #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>REBECCA</u>		b. (Middle) <u>W</u>		c. (Last) <u>COTNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-1948</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>7-12-1864</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no occupation</u>		11. BIRTHPLACE (State or foreign country) <u>Wyatt, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOSHUA JONES</u>		13b. MOTHER'S MAIDEN NAME <u>DITHA WYATT</u>		14. NAME OF HUSBAND OR WIFE <u>Robert John</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Smoot - Sikeston, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>231 430</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/24/48</u> , 19____, to _____, 19____, that I last saw the deceased alive on <u>12/24</u> , 19 <u>48</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>John Myers</u>		23b. ADDRESS <u>St. Louis, Mo</u>		23c. DATE SIGNED <u>1/5/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>12-27-48</u>		24b. DATE <u>12-27-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston Miss Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 26 1949</u>		REGISTRAR'S SIGNATURE <u>Willie Van Cumbergh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welsh Funeral Home - Sikeston Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer, J. H. E.

District File Number 249-16

Date Filed 2-1-49

FEB 2 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Raymond Crews

Signed _____

Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Si Keaton, 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.