No. 300
10-48

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5596

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. 9

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

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montgomery
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Francis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montgomery
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle) M.
c. (Last) Cotner

4. DATE OF DEATH (Month) (Day) (Year) 3-4-1949

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 6-6-1911
9. AGE (In years last birthday) 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Blackwell Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph L. Warden
13b. MOTHER'S MAIDEN NAME Cora D. Hopkins
14. NAME OF HUSBAND OR WIFE Eugene Cotner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Eugene Cotner — ADDRESS Montgomery City Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERNAL Hemorrghage + Shock

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Traumatic Injury to LUNG + HEART
DUE TO (c) PUNCTURE WOUND FROM 22 CAL RIFLE BULLET

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: immediate

E 9 7 6

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montgomery - Montgomery Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mch 4 1949 12 P.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Self inflicted

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22. *I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ 4 Mch, 1949, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 12 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Clement W Linnert DDS (Coroner)
23b. ADDRESS Montgomery City Mo
23c. DATE SIGNED 7 Mch 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-6-49
24c. NAME OF CEMETERY OR CREMATORY Montgomery City Cem
24d. LOCATION (City, town, or county) (State) MONTGOMERY CITY MO

DATE REC'D BY LOCAL REG. 3/5/49
REGISTRAR'S SIGNATURE Bernice E. Wyatt
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. HOPKINS MONTGOMERY CITY MO

(Licensed Embalmer's Statement on Reverse Side) C W Hopkins

MAR 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~~ XXX On the day of March 1949, Student Embalmer No. ..... working under my personal supervision.

Signed C. W. Hopkins

Signed ..... Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.