No. 300
10.48

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

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5684

BIRTH NO. _____ REG. DIST. NO. 271 PRIMARY REG. DIST. NO. 4400 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bragg City
c. LENGTH OF STAY (in this place): Mo
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: Mo
b. COUNTY: 7
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bragg City.Mo
d. STREET ADDRESS (If rural, give location): 9

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): Martin
c. (Last): Cottrell

4. DATE OF DEATH (Month) (Day) (Year): 2 18 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-6-1878
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 3, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): 9
12. CITIZEN OF WHAT COUNTRY?: Us

13a. FATHER'S NAME: Martin Cottrell
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Annie Cottrell

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.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Carl Cottrell, Bragg City.Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Cardio-vascular renal disease — 4 or 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. none

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19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 14th, 1949, *to* Feb. 17, 1949, *that I last saw the deceased alive on* Feb. 17, 1949, *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon S. Christiancy D.O.
23b. ADDRESS: Kennett Mo.
23c. DATE SIGNED: 2-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Kennett Mo

DATE REC'D BY LOCAL REG.: Feb. 23-1949
REGISTRAR'S SIGNATURE: Mrs. Jessie Turnage 248
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Lentz Service Kennett M

(Licensed Embalmer's Statement on Reverse Side)

3-49-62

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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

Signed _____
Student Embalmer

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.