No. 300
10.48

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

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7445

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 353

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 So. 10th, St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buch.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph.
d. STREET ADDRESS (If rural, give location): 610 So. 10th, St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): ---
c. (Last): Cottrill

4. DATE OF DEATH (Month) (Day) (Year): Mar. 24, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 1, 1911
9. AGE (In years last birthday): 37 — 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): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Apt. House
11. BIRTHPLACE (State or foreign country): Denver, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: UNK
13b. MOTHER'S MAIDEN NAME: UNK
14. NAME OF HUSBAND OR WIFE: ----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 488-14-2231
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Leonard Oklund — ADDRESS: Denver, Colo.

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) Acute Alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Excessive use of alcoholic liquor for the past 3 weeks — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Man was found dead in his room alone, There were no history of previous illness other than the excessive use of liquor

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

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) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ viewed the deceased from* May 26, 1949, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:40 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: H F Mundy M.D. Coroner (Degree or title)
23b. ADDRESS: 404 So 3d st
23c. DATE SIGNED: 3/28/48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30/49
24c. NAME OF CEMETERY OR CREMATORY: Memaoril Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: April 2, 1949
REGISTRAR'S SIGNATURE: E. C. Jenkins
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25. FUNERAL DIRECTOR'S SIGNATURE: Hamer Funeral Home — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1953

APR 8 194

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 Charles M. Harman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.