

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11975

BIRTH NO. _____		REG. DIST. NO. <u>112</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>457</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>10 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah Mo</u> <u>0021</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Leon Rest Home, 624 Prospect Ave.</u>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>Florence</u>		a. (First) <u>Cottrell</u>	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>4 16 1950</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>12-26-1865</u>	9. AGE (In years last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>OHIO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Benjamin Patchiff</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Blower</u>	14. NAME OF HUSBAND OR WIFE <u>Luster C. Cottrell</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Francis Aebersold, Savannah 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Hemorrhage</u> (b) <u>Chronic Cardiovascular</u> (c) <u>degenerative diseases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cardiovascular</u> DUE TO (c) <u>degenerative diseases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>woman had suffered</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4222</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>a stroke of apoplexy in Feb 1950 from which she had never fully recovered</u>			
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I viewed the deceased from <u>viewed</u> on <u>4/16 1950</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>H F Mundy M, D (Coroner)</u>		23b. ADDRESS <u>St Joseph Mo</u>	23c. DATE SIGNED <u>4/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 17, 1950</u>	REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. A. Rich</u>	ADDRESS <u>Savannah Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.

Student .....  
Student Embalmer

Signed Wm A. Rish

Licensed Embalmer No. 4778

P. O. Address Savannah, 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.