

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20956

State File No. _____
 Registrar's No. 30

BIRTH NO. _____		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 5779		Registrar's No. 30		
1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY MILLER				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELDON RURAL		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELDON RURAL		d. STREET ADDRESS (If rural, give location) FRANKLIN TOWNSHIP		
d. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN TOWNSHIP				d. STREET ADDRESS (If rural, give location) FRANKLIN TOWNSHIP				
3. NAME OF DECEASED (Type or Print) MAGGIE			a. (First)		b. (Middle) V		c. (Last) COTTEN	
4. DATE OF DEATH		JUNE 15 1950		5. SEX FEMALE		6. COLOR OR RACE white		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR. 25, 1883		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		
11. BIRTHPLACE (State or foreign country) MILLER Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOSEPH J. WOOD		13b. MOTHER'S MAIDEN NAME LINA J. HOLMAN		
14. NAME OF HUSBAND OR WIFE JOHN P. COTTEN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN P. COTTEN ELLON		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis & myocarditis				INTERVAL BETWEEN ONSET AND DEATH				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endarteritis obliterans both per & gangrene				
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) (Min)		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 attended the deceased from June 13, 1950, to June 15, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at 1 A.M., from the causes and on the date stated above.								
23a. SIGNATURE E. Shelton M.D. (Degree or title)				23b. ADDRESS Eldon Mo		23c. DATE SIGNED June 16		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE June 16, 50		24c. NAME OF CEMETERY OR CREMATORY Woods		24d. LOCATION (City, town, or county) (State) Eldon Mo.		
DATE REC'D BY LOCAL REG. June 16, 50		REGISTRAR'S SIGNATURE Olivevretta Walters		1922 FUNDRAISER'S SIGNATURE Lewis P. Phillips		ADDRESS Ellon		

(Licensed Embalmer & Scouter on Reverse Side)

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

RECEIVED

JUN 19 1950

MILLER COUNTY HEALTH
DEPARTMENT

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Madison

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.