

FILED OCT 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31157

BIRTH NO. _____		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 4352		Registrar's No. 491	
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Versailles)		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) 0710		OR TOWN Versailles, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. Green St.				d. STREET ADDRESS (If rural, give location) W. Green St.			
3. NAME OF DECEASED (Type or Print) a. (First) sophia		b. (Middle) Bowlin		c. (Last) Cotten		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 26, 1868	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 11 Days 1		IF UNDER 24 HRS. Hours 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Laclede Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Bowlin		13b. MOTHER'S MAIDEN NAME Betty Bird		14. NAME OF HUSBAND OR WIFE Daniel Cotten			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Charles Cotten, Kansas City, Mo.		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arthritis + arterial disease				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Myocarditis				4221 unknown	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION none				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 Jan 1, 1947 , to Sept 27, 1950 , that I last saw the deceased alive on Sept 27, 1950 , and that death occurred at 6:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE A. J. Kuan M.D. (Degree or title)				23b. ADDRESS Versaille Mo.		23c. DATE SIGNED Sept 28/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ()		24b. DATE Sept. 29-50		24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery		24d. LOCATION (City, town, or county) Versailles, Mo. (State)	
DATE REC'D BY LOCAL REG. Sept 30-1950		REGISTRAR'S SIGNATURE J. L. Wadburn, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. F. Hedrick		ADDRESS Versailles, Mo.	

V.O.C. - (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

710

RECEIVED

11/2/57

DISTRICT HEALTH OFFICE NO. 3

District File Number

Date Filed 11/2/57

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 *Raymond C. Linder*

Licensed Embalmer No. *4626*

P. O. Address *Versailles, 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.