

FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7379

7379

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u>		b. (Middle) <u>-</u>	
		c. (Last) <u>Cottrell</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 11, 1910</u>	
9. AGE (In years last birthday) <u>40</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
		11. IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>LaGrange, Mo., 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hallie Cottrell</u>		13b. MOTHER'S MAIDEN NAME <u>Elma Selves</u>	
14. NAME OF HUSBAND OR WIFE <u>Lorena Cottrell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-24-1494</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lorena Cottrell</u>		ADDRESS <u>LaGrange, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the lungs</u> ANTECEDENT CAUSES <u>Hypertrophoma left kidney</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>180x</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 attended the deceased from <u>3-21</u> , 19 <u>51</u> , to <u>3-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>51</u> , and that death occurred at <u>1148 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. Stuber</u> (Degree or title) _____		23b. ADDRESS <u>Kirksville, Mo.</u>	
		23c. DATE SIGNED <u>4-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 31, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lewis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kenneth Bailey</u>		ADDRESS <u>LaGrange, Mo.</u>	

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

00130

Date Received: APR 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-689
Date Filed: APR 10 1951

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 Donald L. J. Jester

Licensed Embalmer No. 4722

P. O. Address Pincksville 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.