S. No. 300
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FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11768

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 111

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 28 yrs +
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp't No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia 0660
d. STREET ADDRESS (If rural, give location): 9 Miles So Eldon 1

3. NAME OF DECEASED (Type or Print) a. (First) SYLVESTER b. (Middle) c. (Last) COTTON

4. DATE OF DEATH (Month) April (Day) 18 (Year) 1951

5. SEX M 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower 2
8. DATE OF BIRTH 4-3-1887
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR: Months / Days 13 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen-Farming
11. BIRTHPLACE (State or foreign country): Miller Co Mo. 0
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME: G W Cotton
13b. MOTHER'S MAIDEN NAME: Elizabeth Parkhurst
14. NAME OF HUSBAND OR WIFE: widower

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: Records State Hosp't — ADDRESS: Fulton Mo

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) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid 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
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none 4222
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.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* April 17, 1951, *to* April 18, 1951, *that I last saw the deceased alive on* April 17, 1951, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: G R Hunter 0 (Degree or title) M D
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 4/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 21 April 51
24c. NAME OF CEMETERY OR CREMATORY: Lamb - Cem
24d. LOCATION (City, town, or county) (State): Miller Co / Mo

DATE REC'D BY LOCAL REG.: April 18-1951
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Kays
ADDRESS: Eldon-Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 23 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

Signed _____
Student Embalmer

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.