

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32820

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 352

1. PLACE OF DEATH
a. COUNTY **Cape Girardeau**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cape Girardeau**
c. LENGTH OF STAY (In this place) **10 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **S.E. Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** b. COUNTY **Cape Gir.**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rueal Byrd 0160**
d. STREET ADDRESS (If rural, give location) **Jackson Star Route 1**

3. NAME OF DECEASED
a. (First) **Bennet** b. (Middle) **Thomas** c. (Last) **Cotner**

4. DATE OF DEATH (Month) (Day) (Year)
10-17-51

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **3-13-1878**

9. AGE (In years last birthday) **73**
UNDER 1 YEAR: Months _____ Days _____
UNDER 1 HR.: 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 **Farmer**

11. BIRTHPLACE (State or foreign country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Cotner**

13b. MOTHER'S MAIDEN NAME **Howard**

14. NAME OF HUSBAND OR WIFE **Lydia Cotner**

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 **Mrs Pier Turner** ADDRESS **Jackson, Star Ron**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Surgery on single kidney**
DUE TO (c) **Renal calculus**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **602X**

INTERVAL BETWEEN ONSET AND DEATH
10-12-51
10-12-51

19a. DATE OF OPERATION **10-12-51**

19b. MAJOR FINDINGS OF OPERATION **Stone in single kidney**

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.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1944** to **10-17, 1951**, that I last saw the deceased alive on **10-17, 1951**, and that death occurred at **4:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **D. R. ...** (Degree or title)

23b. ADDRESS **801 1/2 Broadway Cape Girardeau, Mo.**

23c. DATE SIGNED **10-20-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **10-18-51**

24c. NAME OF CEMETERY OR CREMATORY **City Cemetery**

24d. LOCATION (City, town, or county) (State) **Jackson Mo.**

DATE REC'D BY LOCAL REG. **10-22-51**

REGISTRAR'S SIGNATURE **T. C. ...**

25. FUNERAL DIRECTOR'S SIGNATURE **McCombs Funeral Home** ADDRESS **Jackson, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

64
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RECEIVED

OCT 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.

NOV 24 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

working under my personal supervision.

Student Embalmer No.

Signed

Thomas K. Allen

Signed

Student Embalmer

Licensed Embalmer No. 4055-

P. O. Address Jackson

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.