

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34916

State File No.

RECEIVED
OCT 23 1951

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8846

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8846	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6718 Oleatha				d. STREET ADDRESS (If rural, give location) 3 6718 Oleatha. 0			
3. NAME OF DECEASED (Type or Print) COTTINE		a. (First)		b. (Middle) CIGNIN		c. (Last)	
4. DATE OF DEATH 10 5 51		5. SEX F-1		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W Y	
8. DATE OF BIRTH 4/15/86		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 5 Days 20		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) St Francis County Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benton Revelle		13b. MOTHER'S MAIDEN NAME Mimi Willbanks		14. NAME OF HUSBAND OR WIFE Albert Cignin Dec'd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-14-7446		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Louis L. Ferraras 1014 McCausland			
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) Cirrhosis of Liver				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
		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.					
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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5810			
22. I hereby certify that I attended the deceased from 10-2-1950 to 10-5-1951, that I last saw the deceased alive on 10-4-1951 and that death occurred at 11:20 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. B. Gummels M.D.				23b. ADDRESS 1116 McCausland		23c. DATE SIGNED 10-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/8/51		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla Mo.	
DATE REC'D BY LOCAL REG. OCT 6 1951		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Road			

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

1961 62 120

1961 7 C 440

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 *W. H. [Signature]*
Licensed Embalmer No. 1994

P. O. Address.....

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.