No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16810

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 457 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skaggs Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ohio
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelby 1020
d. STREET ADDRESS (If rural, give location): Shelby

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): Layton
c. (Last): Cottrell

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Oct 3, 1905
9. AGE (In years last birthday): 47 — If under 1 year: Months 5, Days 25, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet worker
10b. KIND OF BUSINESS OR INDUSTRY: upholstering
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Cottrell
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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) Nephrosis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis, acute — 2 mos
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: 592X
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) m.
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* Feb 15, 1953 *to* 7 Apr, 1953 *that I last saw the deceased alive on* 6 Apr, 1953, *and that death occurred at* 6:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: W C Magness MD (Degree or title)
23b. ADDRESS: Branson Mo
23c. DATE SIGNED: 4/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-9-53
24c. NAME OF CEMETERY OR CREMATORY: De Graff
24d. LOCATION (City, town, or county) (State): De Graff Ohio

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: J E Cogswell
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Whitlock Funeral Home, Branson, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Walter S Cobb

Licensed Embalmer No. 4731

P. O. Address Brunson, MD

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.