

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16990**

FILED MAY 27 1953		REG. DIST. NO. 16	PRIMARY REG. DIST. NO. 5076	Registrar's No. 1
1. PLACE OF DEATH a. COUNTY Barton 0060		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton 01. 5/23		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Richland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Richland 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If rural, give location) Lamar, RFD #2		
3. NAME OF DECEASED (Type or Print) MINNIE		a. (First) CHRISTINA	c. (Last) COTTERILL	4. DATE OF DEATH (Month) (Day) (Year) May 16 1953
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 9 1888	9. AGE (In years last birthday) Months Days 65 3 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Catawissa, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Herman Ulrich		13b. MOTHER'S MAIDEN NAME Louise Schmelz	14. NAME OF HUSBAND OR WIFE S. H. Cotterill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XXX		16. SOCIAL SECURITY NO. XXXX	17. INFORMANT'S SIGNATURE OR NAME S. H. Cotterill, Lamar, Missouri, R#2	
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) Suicide by hanging Between 1:30 PM and 2:30 PM ANTECEDENT CAUSES Found by husband shortly after 2:30 PM DUE TO (b) Found by husband shortly after 2:30 PM 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	19b. MAJOR FINDINGS OF OPERATION 6974x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Barn on farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richland Twp., Barton, Missouri		
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY May 16 1953, m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Rope around neck attached to barn rafter		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Clarence H. Childs		(Degree or title) Coroner 3	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED May 18 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 19 1953	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri	
DATE REC'D BY LOCAL REG. MAY 19 1953	REGISTRAR'S SIGNATURE Hazel M. Pugh 15	25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.