

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24413**  
Registrar's No. **648**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>None</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ava</b>		<b>0340</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>Rt. # 4</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leslie</b> b. (Middle) <b>Rose</b> c. (Last) <b>Cotton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 10, 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 16, 1919</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Taney County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Harry Pollard</b>		13b. MOTHER'S MAIDEN NAME <b>Rosalee Holt</b>	14. NAME OF HUSBAND OR WIFE <b>Clarence Cotton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Yes</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clarence Cotton, Rt. # 4, Ava, Missouri</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Post-partium hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES <b>Childbirth.</b>		DUE TO (b) _____			
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>6726</b>					
19a. DATE OF OPERATION <b>7/10/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Living Female delivered 7 A.M.</b>				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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>March</b> , 19 <b>53</b> , to <b>July 10</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>July 10</b> , 19 <b>53</b> , and that death occurred at <b>11 A. m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>D. C. J. Haskins, D.O.</b>		23b. ADDRESS <b>Ava, Missouri</b>		23c. DATE SIGNED <b>7/10/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-15-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Tabor</b>	24d. LOCATION (City, town, or county) (State) <b>Ava, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>7-13-53</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clinkingbeard Funeral Home, Ava, Mo.</b>			

(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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.