

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31298**

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>Gladstone</u>	c. CITY OR TOWN <u>Gladstone</u>	c. LENGTH OF STAY (in this place) <u>15 mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi. N. OF NKS 169 Hiway 7 mi. N. OF NKS. Hiway 169</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Glenn</u> c. (Last) <u>Cotton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 8 1953</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 20, 1889</u>	9. AGE (In years last birthday) <u>64</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>CLARK CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>Ephronies Cotton</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA Swisher</u>		14. NAME OF HUSBAND OR WIFE <u>LUCILLE COTTON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Lucille Cotton</u>		ADDRESS _____	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>						<u>15 min.</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Coronary sclerosis</u>					<u>10 yr.</u>
	DUE TO (c) <u>generalized arteriosclerosis</u>					<u>10 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS	<u>Congestive heart disease</u>					<u>3 yr.</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____		
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22. I hereby certify that I attended the deceased from March, 1953 to Oct. 8, 1953, that I last saw the deceased alive on Oct 8, 1953, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Halley L. Washburn MD</u> (Degree or title) (CP) 23b. ADDRESS <u>Gashland Mo.</u>		23c. DATE SIGNED <u>10/8/53</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>10-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis, MO</u>
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DATE REC'D BY LOCAL REG. <u>10-9-53</u>	REGISTRAR'S SIGNATURE <u>Marquette Hudson</u> 494	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	ADDRESS <u>N. K.C. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 29 1953

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.....
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No. *450*

P. O. Address *R.C. 16*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.