

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5349

State File No. ....

90356-53  
FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5660 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL DICKERSON (township))		c. CITY OR TOWN XXXXXXXXXXXXXXXX	d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in hospital) XXXXX		e. STREET ADDRESS (If rural, give location) RURAL DICKERSON 0560	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 mi. S E Monticello			

3. NAME OF DECEASED (Type or Print)	a. (First) MARSHALL	b. (Middle) WAYNE	c. (Last) COTTRELL	4. DATE OF DEATH (Month) (Day) (Year) MARCH 2, 1954
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5. SEX MALE	6. COLOR (OR RACE) WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 12/15/53	9. AGE (In years last birthday) 0	10. MONTHS 2	11. YEAR 17	12. HRS. 1	13. MIN. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXXXXX	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXX	11. BIRTHPLACE (City and State or Foreign Country) EDINA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES COTTRELL	13b. MOTHER'S MAIDEN NAME CAROL WILSON	14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXXXX
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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) NO XXXXXXXX	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CAROL COTTRELL	ADDRESS LEWISTOWN, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (lobar)		ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Malnutrition		2 mo.
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 490X	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) m.	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 Mar. 2, 1954, to Mar. 2, 1954, that I last saw the deceased alive on Mar. 2, 1954, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE Harvey L. W. Brocker (Degree or title) D.O.	23b. ADDRESS La Belle, Missouri	23c. DATE SIGNED 3/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/3/54	24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN	24d. LOCATION (City, town, or county) (State) LEWISTOWN, MISSOURI
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DATE REC'D BY LOCAL REG. 3/6/54	REGISTRAR'S SIGNATURE P.W. Jennings, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Charles L. ...	ADDRESS LEWISTOWN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Charles L. Arnold, Jr.*

Licensed Embalmer No. 4667.

P. O. Address LEWISTOWN, M

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.