

No. 300  
10.48

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15828**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2047**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>9 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	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 <b>General Hospital #2</b>		STREET ADDRESS (If rural, give location) <b>13 704 E. 6th St. 3138</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>Cottrell</b> c. (Last) <b>Cottrell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 12 1954</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 9, 1898</b>	9. AGE (In years, last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>2</b>	IF UNDER 4 HRS. Hours <b>1</b> Min. <b>2</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hayneville, Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Monroe Cottrell</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Cottrell</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>419-07-8055</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Georgia M. Turner Odgen</b>		ADDRESS <b>Utah</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Shock.</b>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <b>Traumatic cerebral hemorrhage</b>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Right &amp; Left Frontal lobes of Brain</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>frank backed up &amp; struck him while</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>he was standing on the pavement</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>5400 Gardner St.</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Kansas City</b>	(COUNTY) <b>Jackson</b>	(STATE) <b>MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Apr. 23, 1954 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile Traumatism</b>	
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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 <b>J. M. Tillman</b> (Degree or title) <b>Deputy Coroner</b>		23b. ADDRESS <b>1618 E. 12th Ave</b>		23c. DATE SIGNED <b>5/4/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/8/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, MO</b>
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DATE REC'D BY LOCAL REG. <b>5-7-54</b>	REGISTRAR'S SIGNATURE <b>Bessie Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Cross</b>		ADDRESS <b>1844 E. Benton</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
J. M. Tillman

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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 *Bruce R. Watkins*

Licensed Embalmer No. *45*

P. O. Address *19<sup>th</sup> St*

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.