

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18417

BIRTH NO.		REG. DIST. NO. 96		PRIMARY REG. DIST. NO. 5347		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY DALLAS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dallas			
b. CITY OR TOWN BUFFALO RR2		c. LENGTH OF STAY (In this place) 17 yrs		c. CITY OR TOWN Buffalo RR2		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS 3300 D			
3. NAME OF DECEASED (Type or Print)		a. (First) HARRY		b. (Middle) A		c. (Last) COTTER	
4. DATE OF DEATH		(Month) 6		(Day) 16		(Year) 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-7-1881	
9. AGE (In years last birthday) 72		10. MONTHS 8		11. DAYS 10		12. HOURS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Minister of gospel		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John M. Cotter		13b. MOTHER'S MAIDEN NAME Alice Wilson		14. NAME OF HUSBAND OR WIFE Sda			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) Yes		16. SOCIAL SECURITY NO. American Spanish		17. INFORMANT'S SIGNATURE OR NAME Sda Cotter Buffalo RR2			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Obesity & Overeating 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Prostatic Disease				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 4 years 6 years 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 1951, to 6-16, 1954, that I last saw the deceased alive on 6-15, 1954, and that death occurred at 6:47 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Stephen H. Plummer M.D. (Degree or title)				23b. ADDRESS Buffalo MO		23c. DATE SIGNED 6-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-18-1954		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn		24d. LOCATION (City, town, or county) (State) Buffalo Mo	
DATE REC'D BY LOCAL REG. 6-30-54		REGISTRAR'S SIGNATURE Grace Peterson		25. FUNERAL DIRECTOR'S SIGNATURE R. B. Jones		ADDRESS Buffalo Mo	

(Licensed Embellisher's Statement on Reverse Side)

1956/ 9 1 701

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.....

Licensed Embalmer No. 250

P. O. Address Bay

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.