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FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26679

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 5461

1. PLACE OF DEATH  
a. COUNTY Dade  
b. CITY (If outside corporate limits, write RURAL and give township) Loekwood  
c. LENGTH OF STAY (in this place) 2da  
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo  
b. COUNTY Dade  
c. CITY OR TOWN So. Greenfield  
d. Is Residence within limits of a city or incorporated town? Yes  No

STREET ADDRESS (If rural, give location) rural south twp. 0290

3. NAME OF DECEASED (Type or Print)  
a. (First) Mattie  
b. (Middle) A  
c. (Last) Cotner  
4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1954

5. SEX F  
6. COLOR OR RACE W  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed  
8. DATE OF BIRTH Feb. 23, 1869  
9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 85 5 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired  
10b. KIND OF BUSINESS OR INDUSTRY House wife  
11. BIRTHPLACE (City and State or Foreign Country) Ind.  
12. CITIZEN OF WHAT COUNTRY? usa

13a. FATHER'S NAME Joseph Joslin  
13b. MOTHER'S MAIDEN NAME Mary Joslin  
14. NAME OF HUSBAND OR WIFE Jacob Long

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
16. SOCIAL SECURITY NO. none  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alfred Long So. Greenfield Mo rt2

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Degenerated Heart Disease  
INTERVAL BETWEEN ONSET AND DEATH 5 days  
3 yrs

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION 331X  
20. AUTOPSY? YES  NO

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) (Min.)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1952 to 8-5, 1954, that I last saw the deceased alive on 8-5, 1954, and that death occurred at 6:25p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lucas McKeel MD  
23b. ADDRESS Greenfield Mo  
23c. DATE SIGNED 8-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE 8-8-54  
24c. NAME OF CEMETERY OR CREMATORY Pennsboro  
24d. LOCATION (City, town, or county) (State) Dade Co Mo.

DATE REC'D BY LOCAL REG. 8-14-54  
REGISTRAR'S SIGNATURE J. C. Canada 478  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allison Funeral Home Greenfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *W.R. Allison*.....

Licensed Embalmer No. *44*.....

P. O. Address *Greenville*.....

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.