

FILED SEP 3 1954

STANDARD CERTIFICATE OF DEATH

State File No. 27898

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 340	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Blue		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Fairmount		d. Is Residence within limits of a city or incorporated town? No	
d. FULL NAME OF HOSPITAL OR INSTITUTION 630 Lake Drive				e. STREET ADDRESS (If rural, give location) 630 Lake Drive (Rural) (Blue)			
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Belle c. (Last) COTT			4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 9th, 1884	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Sedalia Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Littleton Ester		13b. MOTHER'S MAIDEN NAME Sophia Price		14. NAME OF HUSBAND OR WIFE Ernest John Cott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-07-4427		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Mule Grunitt K.C. MO.			
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) Cerebral degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension of 100/140 mm Hg. Recorded 1947					INTERVAL BETWEEN ONSET AND DEATH 8 mos
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 334 X YES <input type="checkbox"/> NO <input checked="" 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 - 1947, to Aug 26, 1954 that I last saw the deceased alive on Aug 17, 1954, and that death occurred at 3:15 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. D. Labal MD</i>				23b. ADDRESS 1810 Ash Independence MO		23c. DATE SIGNED 8-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 28-1954		24c. NAME OF CEMETERY OR CREMATORY Forest Hills		24d. LOCATION (City, town, or county) (State) Kansas City MO	
DATE REC'D BY LOCAL REG. 8-28-54		REGISTRAR'S SIGNATURE <i>James G. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. D. Labal</i> Independence MO			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 7

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 *Wilton L. Tepley*

Licensed Embalmer No. *42*

P. O. Address *Independence*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fails 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.