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

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41509

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 559L Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: JeFFerson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro Mo.
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLSBORO 0500
d. STREET ADDRESS (If rural, give location): ROUTE 2 0

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) MARIE c. (Last) KOTTRE

4. DATE OF DEATH (Month) Dec (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Aug 27, 1880

9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (City and State or Foreign Country): HUNGARY 4

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: CHARLES HITEY

13b. MOTHER'S MAIDEN NAME: AVA HITEY

14. NAME OF HUSBAND OR WIFE: MATH KOTTRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: MATH KOTTRE — ADDRESS: HILLSBORO Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes — Interval between onset and death:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Specific type unknown — Interval between onset and death:

DUE TO (c) — Interval between onset and death:

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: 7955

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) m.

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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that~~ death occurred at* 3 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: O Carl E Rice (Degree or title) MD

23b. ADDRESS: Hillsboro Mo

23c. DATE SIGNED: 12/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: DEC. 10 1954

24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION

24d. LOCATION (City, town, or county) (State): ST. LOUIS Mo

DATE REC'D BY LOCAL REG.: 12/8/54

REGISTRAR'S SIGNATURE: Kathleen Marsden

25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis — ADDRESS: 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 14 1954

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 .....
Student Embalmer

Signed James C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.