

## STANDARD CERTIFICATE OF DEATH

11445

State File No. ....

FILED APR 27 1955

BIRTH NO.		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>35</u>			
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> c. CITY OR TOWN <u>Salem</u>				d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>		c. CITY OR TOWN <u>Salem</u>		d. In 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. <u>XX</u>				e. STREET ADDRESS (If rural, give location) <u>913 East Center.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>A</u> c. (Last) <u>Cotner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-55</u>						
5. SEX <u>male</u> <input type="radio"/>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 11-91</u>			
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>		IF UNDER 1 HR. Hours <u>    </u> Min. <u>    </u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Garment</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			13a. FATHER'S NAME <u>Noah Cotner</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Stokes</u>		14. NAME OF HUSBAND OR WIFE <u>Artie Schafer Cotner</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-28-8815</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Artie Cotner</u>				ADDRESS <u>Salem Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - Right Lung</u> ANTECEDENT CAUSES Morbidity 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. _____						INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation 163 X</u>						20. AUTOPSY? 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 <u>7/30/54</u> to <u>4/18/55</u> , that I last saw the deceased alive on <u>4/18/55</u> , and that death occurred at <u>6:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. F. Hunt M.D.</u>				23b. ADDRESS <u>Salem Mo.</u>		23c. DATE SIGNED <u>4/22/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove, Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-22-55</u>		REGISTRAR'S SIGNATURE <u>P. E. Mitchell, M.D. by del.</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>		ADDRESS <u>Salem Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1956

APR 20 1956

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 *Carl K. Jensen*

Licensed Embalmer No. *935*

P. O. Address *Duluth, Minn.*

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.