

STANDARD CERTIFICATE OF DEATH

State File No. 19473

FILED JUN 17 1955

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. _____

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|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Mississippi | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt 0670 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION House 42 | | d. STREET ADDRESS (If rural, give location) Box 373 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ben b. (Middle) R. c. (Last) Cothran | | 4. DATE OF DEATH (Month) (Day) (Year) June 10, 1955 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 8, 1874 |
| 9. AGE (In years last birthday) 80 | | IF UNDER 1 YEAR Months 6 Days 2 | IF UNDER 24 HRS. Hours 2 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Covington, Tenn. / |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Richmond Cothran | |
| 13b. MOTHER'S MAIDEN NAME Jennie Walks | | 14. NAME OF HUSBAND OR WIFE Georgia Cothran | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----- | | 16. SOCIAL SECURITY NO. ----- | |
| 17. INFORMANT'S SIGNATURE OR NAME Will Cothran, Box 373, Wyatt, Mo. | | ADDRESS | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ 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 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 443 X | |
| 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) (Minute) _____ | |
| 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 Jan 1, 1955 to Jan 10, 1955 , that I last saw the deceased alive on Jan 10, 1955 , and that death occurred at 1:00p m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) F. P. Fenton, D.O., 2 | | 23b. ADDRESS Wyatt, Mo. | |
| 23c. DATE SIGNED 6-11-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE June 13, 1955 | |
| 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) Charleston Missouri | |
| DATE REC'D BY LOCAL REG. 6-17-55 | | REGISTRAR'S SIGNATURE W. J. Sparks | |
| 25. FUNERAL DIRECTOR'S SIGNATURE W. J. Sparks | | ADDRESS Charleston, Missouri | |

(Licensed Embalmer's Statement on Reverse Side)

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

STATE OF TEXAS

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 Grant Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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