

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28523

State File No.

FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2004

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>[REDACTED]</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Manchester</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>21 Mos.</u>		e. STREET ADDRESS (If rural, give location) <u>5237 Dewey</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alis</u> b. (Middle) <u>Burdette</u> c. (Last) <u>Cottle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 17 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Days <u>11</u> IF UNDER 24 HRS. Hours <u>21</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self Employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newburg, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Ashel Cottle</u>		13b. MOTHER'S MAIDEN NAME <u>Millicent Coates</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ismael Cottle</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Cottle</u> ADDRESS <u>5237 Dewey St. Louis Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		DUPLICATE TO (b) <u>ARTERIOSCLEROSIS</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) <u>CHRONIC MYOCARDITIS</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>6/224</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		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 <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 Nov. 4, 1953, to Aug. 26, 1954, that I last saw the deceased alive on Aug 25, 1954, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B.P. Loring M.D.</u>		23b. ADDRESS <u>BALLWIN, MO.</u>		23c. DATE SIGNED <u>8.27.55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 29 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newburg Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Newburg Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8/27/55</u>		REGISTRAR'S SIGNATURE <u>Hurbert R. Domb M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home Ballwin, Mo.</u>	
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S.G. (Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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 *Richard Bopp*

Licensed Embalmer No. *4586*
P. O. Address *Bellview*

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.