

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36222

FILED DEC 12 1955

BIRTH NO.		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 5214		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carter			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore				c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Ellsinore John J. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Carter County				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS Rural Route				0180			
3. NAME OF DECEASED (Type or Print) Dill		a. (First) W.		b. (Middle) Cotton		c. (Last)	
4. DATE OF DEATH 11-22-55		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 8-6-1882		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		11. BIRTHPLACE (City and State or Foreign Country) Reynolds County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Emma Cotton Ellsinore, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bill Skaggs Ellsinore, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation (b) Pericarditis (c) DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2900 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 wks ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 1951, 1955, to 22 Nov, 1955, that I last saw the deceased alive on 19 Oct, 1955, and that death occurred at 11:00 PM from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title?) W. H. Henson MD		23b. ADDRESS 3200 Poplar Bluff Mo		23c. DATE SIGNED 5 Dec 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-24-55		24c. NAME OF CEMETERY OR CREMATORY Grisham Cemetery		24d. LOCATION (City, town, or county) (State) Carter County, Missouri	
DATE REC'D BY LOCAL REG. Dec. 9-55		REGISTRAR'S SIGNATURE Mrs. Ota Henson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

5561 67 030

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 *Ray P. Adams*

Licensed Embalmer No. *492*

P. O. Address *St. Louis, Mo.*

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.