

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011496

State File No. ....

2481

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>8 yrs.</b>		d. Is 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 <b>1425<sup>th</sup> Vandeventer St</b>			
STREET ADDRESS (If rural, give location) <b>1424 N. Vandeventer Ave.</b>			
3. NAME OF DECEASED (First) <b>J. W. Cotton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 27 58</b>	
(Type or Print)			
5. SEX <b>M.</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>10-23-1927</b>
9. AGE (In years last birthday) <b>30 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Doddsville Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ollie Cotton</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Ross</b>	
14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>425-60-988</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Dora F. Middleton</b>		ADDRESS <b>1424 Vandeventer Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural Hematoma</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES (b) <b>Exact Time, Place, Cause and Manner of same</b>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) <b>caused not be determined</b>			
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 <b>E936948</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF INJURY (Specify) <b>Street</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>28</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>333</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M) <b>m.</b>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1300 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Dora F. Middleton</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>3/1/58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Dale Miss</b>		24b. DATE <b>3-3-58</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Gillfield Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clarks Dale Miss</b>	
DATE REC'D BY LOCAL REG. <b>MAR 1 '58</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. G. Lowe</b>		ADDRESS <b>2930 Dickson St.</b>	

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

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..... *Leroy W. Dennis, Jr.*

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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.