

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032607
STATE FILE NUMBER

FILED SEP 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4207

S. 300
1-57 C

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #1			Length of stay in lb 33 yrs	d. STREET ADDRESS (If outside, give location) 8219 Brooklyn			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle M. Last Cotton				4. DATE OF DEATH Month 9 Day 1 Year 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-7-71		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and state or country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Bella Cotton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 300-05-780		17. INFORMANT Address Plyde Cotton 3217 Skilos N.C. Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gangrene of left leg.						INTERVAL BETWEEN ONSET AND DEATH 33 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) arteriosclerotic obliterans	
						DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? 1 YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY
21. I attended the deceased from 7-31-58 , to 9-1-58 and last saw ^{him} alive on 9-1-58 Death occurred at 7:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. I. Burns, M.D. (Degree or title)			22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 9-2-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-3-58	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Mt. Calvary		23d. LOCATION (City, town, or county) K. C. Mo KANSAS (State)		
24. FUNERAL DIRECTOR B. E. Welect ADDRESS N.C. Mo			25. DATE RECD. BY LOCAL REG. 9-3-58		26. REGISTRAR'S SIGNATURE neva minshall		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. Burns

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2/11/48
76-4-8875

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 *B. E. Willett*

Licensed Embalmer No. *4075*

P. O. Address *K. O. & 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.