

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034886
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2550

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| 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>St Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kinloch 40910</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Louis County</u> | | Length of stay in 1b <u>one month</u> | d. STREET ADDRESS (If outside, give location) <u>1114 Lurch</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First <u>Jim</u> Middle <u>Cotton</u> Last <u>Cotton</u> | | | 4. DATE OF DEATH Month <u>10</u> Day <u>2</u> Year <u>58</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>24 Jan 1891</u> | 9. AGE (in years last birthday) <u>67</u> | FUNDER 1 YEAR Months <u>6</u> Days <u>7</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Houseman, retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and state or country) <u>Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>Willis Cotton</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Cotton</u> |
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| 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 <u>Emma Flowers, Kinloch, Mo</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular Fibrillation</u> | INTERVAL BETWEEN ONSET AND DEATH |
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Artery Atherosclerosis
DUE TO (c) Arteriosclerotic Heart Disease 4900

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulmonary Emphysema

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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.) |
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| 20c. TIME OF INJURY Hour <u>6:30</u> a.m. <u>0</u> p.m. <u>0</u> | 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 <u>Berkeley, Mo</u> | COUNTY <u>Berkeley</u> | STATE <u>Mo</u> |
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| 21. I attended the deceased from <u>9-2-58</u> to <u>10-2-58</u> and last saw ^{her} him alive on <u>10-2-58</u> Death occurred at <u>6:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>J. N. Garrison, M.D.</u> (Degree or title) | 22b. ADDRESS <u>601 S. Brentwood Bl.</u> | 22c. DATE SIGNED <u>10-3-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6 Oct 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | 23d. LOCATION (City, town, or county) (State) <u>Berkeley, Mo</u> |
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| 24. FUNERAL DIRECTOR <u>Bond Bros, Kinloch, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>10-4-58</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert R. Donahoe</u> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edward A. Flynn*

Licensed Embalmer No. *4444*

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.