Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036187
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 139 Primary Registration District No. 5536 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN: RURAL (Oregon) LEWIS TWP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pleasant Hill Home — Length of stay in 1b: 4 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HOLT
c. CITY OR TOWN: Forest City — Inside Limits: Yes ☒ No ☐
STREET ADDRESS 0440 0 (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: OLIVE BELLE Middle: Last: COTTEN

4. DATE OF DEATH: Month October Day 20 Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 16, 1887

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Coleridge, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Daniel D. Carr

13b. MOTHER'S MAIDEN NAME: Mary Florence Ewing

14. NAME OF HUSBAND OR WIFE: Arthur J. Cotten

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 500-36-1479

17. INFORMANT Address: Arthur J. Cotten, Forest City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Vas. Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 mons.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis — 3 mons.
DUE TO (c): arteriosclerosis advanced 332X — unknown
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? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1, 1957, to Oct 20, 1958 and last saw her alive on Oct 20, 1958. Death occurred at 3:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. F. Sweeney M.D.

22b. ADDRESS: Oregon, Missouri

22c. DATE SIGNED: 10/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/22/58

23c. NAME OF CEMETERY OR CREMATORY: Forest City

23d. LOCATION (City, town, or county) (State): Forest City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Pettijohn Funeral Home Oregon, Mo

25. DATE RECD. BY LOCAL REG.: 10/21/1958

26. REGISTRAR'S SIGNATURE: James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 24 1962

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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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City,

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.