RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 11 1959

59-030321
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7924

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 14 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1601 Carver Lane
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Dave; Middle:; Last: Cotton
4. DATE OF DEATH: Month 8; Day 24; Year 59
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 1, 1897
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months 3; Days 23
IF UNDER 24 HR: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Glasgow, Miss.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Britt Cotton
13b. MOTHER'S MAIDEN NAME: Vinie Bell
14. NAME OF HUSBAND OR WIFE: Annie Belle Cotton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 433-07-6317
17. INFORMANT: Annie Belle Cotton
Address: 1601 Carver Lane

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): Cardiac Insufficiency
INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cor Pulmonale.
DUE TO (c): Silicosis.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 7-28-59, to 8-24-59 and last saw ~~her~~ him alive on 8-24-59
Death occurred at 11:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Sydney R. Fraser (Degree or title): M.D.
22b. ADDRESS: 2601 N. Whittier St.
22c. DATE SIGNED: 8-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug. 27, 1959
23c. NAME OF CEMETERY OR CREMATORY: Greenwood
23d. LOCATION (City, town, or county): St. Louis Co. (State): Mo.

24. FUNERAL DIRECTOR: J. H. RANDLE & SON
ADDRESS: 3133 Bell Ave.
25. DATE RECD. BY LOCAL REG.: AUG 26 59
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Esther R. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Wa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.