

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000617

FILED VS. JAN 20 1960 55

Primary Registration District No. 3011 Registrar's No. 5

STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Carroll</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Carrollton</i>		Length of stay in 1b		c. CITY OR TOWN <i>Carrollton.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1 North Fitzgerald Street</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1 North Fitzgerald Street</i>	
3. NAME OF DECEASED (Type or print) First <i>Alford</i> Middle <i>Scott</i> Last <i>McCottle</i>				4. DATE OF DEATH Month <i>Jan.</i> Day <i>18</i> Year <i>1960</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Oct. 15 1873</i>	
9. AGE (last birthday) <i>86</i>		IF UNDER 1 YEAR Months <i>3</i> Days <i>3</i> Hours <i></i> Min. <i></i>		IF UNDER 24 HR Hours <i></i> Min. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Self-emp</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Drug business</i>		11. BIRTHPLACE (City and state or country) <i>Carrollton Mo</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>							
13a. FATHER'S NAME <i>Alfred McCottle</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Virginia Hutton</i>			14. NAME OF HUSBAND OR WIFE <i>Never Married</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>497-36-8128</i>		17. INFORMANT <i>Mr. Sue Bunzons oak (Carrollton Mo.)</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral vascular accident</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <i></i> Month, Day, Year <i></i>							
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 STATE	
21. I attended the deceased from <i>1958</i> , to <i>18 Jun 60</i> and last saw her alive on <i>17 Jun 60</i> Death occurred at <i>4 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>E Warren Allen MD</i> (Degree or title)				22b. ADDRESS <i>Carrollton Mo</i>		22c. DATE SIGNED <i>18 Jan 60</i> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1-20-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>oak Hill cemetery</i>		23d. LOCATION (City, town, or county) <i>Carrollton Mo.</i>	
24. FUNERAL DIRECTOR <i>Marshall Funeral Home (Carrollton Mo)</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>1-18-60</i>		26. REGISTRAR'S SIGNATURE <i>Mr. Herbert Calver</i>	

VS NOV 30 1960

**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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton

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.