

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002417

FILED VS FEB 2 1960

184

3038

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield, Missouri		Length of stay in 1b 3 weeks	c. CITY OR TOWN Laclede, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lang's Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Nancy Middle Ellen Last Cotton			4. DATE OF DEATH Month Jan. Day 28, Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/10/1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 6 Days 18 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) Sullivan County, Mo		12. CITIZEN OF WHAT COUNTRY Yes
13a. FATHER'S NAME Robert James Caldwell		13b. MOTHER'S MAIDEN NAME Rowena Ross		14. NAME OF HUSBAND OR WIFE Alma Cotton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Margaret Stufflebean, Brookfield Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acute myocarditis		10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	arteriosclerosis	10 yrs
	DUE TO (c)	Hypertension	10 yrs
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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.	Month, Day, Year		
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 **1954** to **1-28-60** and last saw her alive on **1-29-60**
 Death occurred at **5:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W B Simpson MD (Degree or title)	22b. ADDRESS Brookfield Mo	22c. DATE SIGNED 1-29-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Laclede Mo	23b. DATE Jan. 30, 1960	23c. NAME OF CEMETERY OR CREMATORY Laclede Cemetery
23d. LOCATION (City, town, or county) Laclede, Missouri		(State)

24. FUNERAL DIRECTOR Blake Elidden ADDRESS	25. DATE RECD. BY LOCAL REG. 1-29-60	26. REGISTRAR'S SIGNATURE Kathalme Johnson Day -
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 3

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 Blake Glidden

Licensed Embalmer No. 5019

P. O. Address Laclede

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