

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005698

FILED VS MAR 14 1960

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 22 STATE FILE NUMBER

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Dent</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Salem</u>                 |  | Length of stay in 1b<br><u>1 1/2</u> days   | c. CITY OR TOWN <u>Rural (Osage Township)</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Hart Clinic</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>5 miles E. Dillard, Mo.</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>ARLIE STAFFORD COTTRELL</u> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>March 5, 1960.</u> |  |  |
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|                       |                                  |   |                                      |                                     |   |                              |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7/23/1902</u> | 9. AGE (last birthday)<br><u>57</u> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u> | 11. BIRTHPLACE (City and state or country)<br><u>Dillard, Missouri.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Henry Cottrell</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Fannie Edgar</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Carrie E. Cottrell</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)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>unknown</u> | 17. INFORMANT<br><u>Mrs. Carrie Cottrell, Dillard, Mo.</u> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Sarcoma, abdominal</u><br>- <u>exact origin unknown</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 Month</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><u>Salem, Missouri</u> | COUNTY<br><u>Crawford</u> | STATE<br><u>Missouri</u> |
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| 21. I attended the deceased from <u>12/8/59</u> to <u>3/7/60</u> and last saw <sup>her</sup> him alive on <u>3/5/60</u><br>Death occurred <u>5:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE<br><u>Walter M. Hart, M.D.</u> (Deceased's title) | 22b. ADDRESS<br><u>Salem, Missouri</u> | 22c. DATE SIGNED<br><u>3/7/60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>3/7/1960</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Old Dillard Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>Crawford County, Mo.</u> |
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| 24. FUNERAL DIRECTOR<br><u>Thomas S. Hansen</u> | ADDRESS<br><u>Steelville, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>3/7/60</u> | 26. REGISTRAR'S SIGNATURE<br><u>M. M. Hart, M.D.</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

0961 7 I 004

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 Carl H. Spencer

Licensed Embalmer No. 237

P. O. Address Salem

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.