

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018969

FILED VS JUN 7 1960

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>FRANKLIN</b>	Length of stay in 1b	a. STATE <b>MO.</b>	b. COUNTY <b>FRANKLIN</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>UNION</b>		c. CITY OR TOWN <b>UNION</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>R.R. # 2</b>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>AUDREY</b>	Middle	Last <b>COTTAM</b>	4. DATE OF DEATH	Month <b>JUNE</b>	Day <b>2</b>	Year <b>1960</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 6, 1888</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>21</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE WIFE</b>	11. BIRTHPLACE (City and state or country) <b>XENIA, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM BOAZ</b>	13b. MOTHER'S MAIDEN NAME <b>LAURA LOTSCHAW</b>	14. NAME OF HUSBAND OR WIFE <b>SYDNEY COTTAM</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>MRS. SANDRA FEES, UNION, MO.</b>	Address
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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) <i>Coronary atherosclerosis</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>dissecting aortic aneurysm</i>	
	DUE TO (c) <i>Cerebral thrombosis</i>	<b>4 yrs</b>
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.)
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20c. TIME OF INJURY Hour s.m. p.m.	Month, Day, Year
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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 <b>UNION, MO.</b>	COUNTY <b>UNION</b>	STATE <b>MO.</b>
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21. I attended the deceased from **1953** to **6/2/60** and last saw her alive on **6/1/60**  
Death occurred at **8:15 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS <b>Union Mo</b>	22c. DATE SIGNED <b>6/3/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JUNE 4, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MIDLAWN CEMETERY</b>	23d. LOCATION (City, town, or county) <b>UNION, MO.</b>
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24. FUNERAL DIRECTOR <b>E. F. OLTMANN</b>	ADDRESS <b>UNION, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>June 3-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1960

JUN 17 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union

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.