

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1960

-60-046548

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 630

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 40 yrs	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital			d. STREET ADDRESS (If outside, give location) 2406 Laurel Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle EIMER Last COTTON			4. DATE OF DEATH Month December Day 21 , Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-1-1903	9. AGE (last birthday) 57 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. SEXUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owned and operated -		10b. KIND OF BUSINESS OR INDUSTRY Cotton's Cafe		11. BIRTHPLACE (City and state or country) Siloam Springs, Ark.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Zachariah Cotton		13b. MOTHER'S MAIDEN NAME Sara Ellen Kirkland		14. NAME OF HUSBAND OR WIFE Marie (Agee) Cotton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk	17. INFORMANT Address Mrs. Marie Cotton, 2406 Laurel Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia					INTERVAL BETWEEN ONSET AND DEATH unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial decompensation					unknown	
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"/> N- <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 Month, Day, Year a.m. p.m.						
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		COUNTY STATE	
21. I attended the deceased from Dec. 15, 1960 to Dec. 21, 1960 and last saw him ^{her} alive on Dec. 21, 1960 Death occurred at 5:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Clayton R. [Signature]</i> (Degree or title) M.D.			22b. ADDRESS 607 Frisco Bldg, Joplin, Mo.		22c. DATE SIGNED 12-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-24-60	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery,		23d. LOCATION (City, town, or county) (State) Joplin, Missouri	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY,		ADDRESS JOPLIN, MISSOURI	25. DATE RECD. BY LOCAL REG. 12-24-1960		26. REGISTRAR'S SIGNATURE <i>Doore Merriman</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 7319

P. O. Address Joplin Mo

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.