MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-020616
STATE FILE NUMBER

AMENDED

FILED JUL 6 1961

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 277

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b: 50 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 242 E. Cape Rock Dr. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Cape Girardeau — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 242 E. Cape Rock Dr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Walter — Middle - — Last Cotner
4. DATE OF DEATH: Month June — Day 23 — Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/27/1882
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Emp. Marquette
10b. KIND OF BUSINESS OR INDUSTRY: Cement Plant
11. BIRTHPLACE (City and state or country): Neelys Landing, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Cotner
13b. MOTHER'S MAIDEN NAME: Liza Garner
14. NAME OF HUSBAND OR WIFE: Maude Cotner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Maude Cotner — Address: Cape Girardeau, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized — 5 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb. 1951, to June 23, 1961 and last saw him alive on June 23, 1961
Death occurred at 6:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward D. Campbell (Degree or title) M.D.
22b. ADDRESS Cape Girardeau, Missouri
22c. DATE SIGNED 6-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/25/1961
23c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR ADDRESS: L. L. Haman-Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 7-1-1961
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

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_____ Signed Howard R. Hamon

Signature of Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.