

FILED NOV 2 1970

124 70 0011782

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 0
10a. 88
10b.
11. 0
12. 1
13. 4319
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/70

4. 0580

5. 92

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0580

PARENTS

CAUSE

Registration District No. 152		Primary Registration District No. 5653		Registrar's No. 14	
DECEASED—NAME FIRST MIDDLE LAST Amos W Cotter			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) October 20 1970	
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) 88	UNDER 1 YEAR MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR) Sept 27 1882	COUNTY OF DEATH Linn
2. CITY, TOWN, OR LOCATION OF DEATH Browning		INSIDE CITY LIMITS (SPECIFY YES OR NO) no	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) D. O A Doctor office		
3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
4. SOCIAL SECURITY NUMBER 491 22 6191		5. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired		6. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Lucy Cotter	
7. RESIDENCE—STATE Mo		8. COUNTY Linn	9. CITY, TOWN, OR LOCATION Purdin		10. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes
11. FATHER—NAME FIRST MIDDLE LAST Andrew Jackson Cotter		12. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Ellen Pipes			
13. INFORMANT—NAME Lucy Cotter			14. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Purdin Mo		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
15. IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO, OR AS A CONSEQUENCE OF: (b) (c)					
16. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
17. Sudden death					
18. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		19. DATE OF INJURY (MONTH, DAY, YEAR)	20. HOUR	21. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 15)	
22. INJURY AT WORK (SPECIFY YES OR NO)		23. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	24. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		25. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 26. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.
27. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 12 10 69 TO 10 20 70		28. AND LAST SAW HIM/HER ALIVE ON 10 17 70	29. I DID/DID NOT VIEW THE BODY AFTER DEATH. Did	30. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 12 15 P	
31. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
32. CERTIFIER—NAME (TYPE OR PRINT) J.R. M. A. R. T. O. R					
33. SIGNATURE J.R. M. A. R. T. O. R		34. DEGREE OR TITLE MD		35. DATE SIGNED (MONTH, DAY, YEAR) Oct 20 1970	
36. MAILING ADDRESS—CERTIFIER Browning Mo 64632					
37. BURIAL—CREMATION, REMOVAL (SPECIFY) October 22 70		38. CEMETERY OR CREMATORY—NAME Purdin		39. LOCATION Purdin Mo	
40. DATE 10/22/1970		41. FUNERAL HOME—NAME AND ADDRESS Wade Funeral Home		42. CITY OR TOWN, STATE Browning Mo	
43. FUNERAL DIRECTOR—SIGNATURE Howard F. Smith		44. REGISTRAR—SIGNATURE Savannah M. Mace		45. DATE RECEIVED BY LOCAL REGISTRAR 10 25 1970	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 David S. LoFareo, Student Embalmer No. 962

working under my personal supervision.

Student David S. LoFareo
Signature of Student Embalmer

Signed Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.