

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034101

FILED VS. OCT 1 1 1960

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Registration District No. **3009**

Registrar's No. **392**

STATE FILE NUMBER

NEED

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON		Length of stay in 1b 20 YRS.	c. CITY OR TOWN JACKSON, MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NO in hospital, give location) HOSPITAL OR INSTITUTION HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 318 GREENS PERRY ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HARRY Middle COTNEY Last COTNEY			4. DATE OF DEATH Month Sept Day 30 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/26/1988	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Mail Carrier - (Ret)		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state of country) Cape Girardeau County U.S.A.		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Thomas E. Cotney		13b. MOTHER'S MAIDEN NAME DORA REED		13c. NAME OF HUSBAND OR WIFE ROSA DICKMAN	
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. NONE	17. INFORMANT Mrs Cotney JACKSON Mo.		

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) Acute Coronary Thrombosis		30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Artery Disease	2 yrs.
	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"/> 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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	COUNTY STATE

21. I attended the deceased from **May 1950** to **9-30-60** and last saw him alive on **9-26-60**
Death occurred at **12:30 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E.F. McDonald, M.D. (Degree or title)	22b. ADDRESS Jackson, Mo.	22c. DATE SIGNED 10-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/2/60	23c. NAME OF CEMETERY OR CREMATORY Old Apple Creek
24. FUNERAL DIRECTOR McCombs	ADDRESS JACKSON, MO	25. DATE RECD. BY LOCAL REG. Oct. 8-1960
26. REGISTRAR'S SIGNATURE Irene Kuster		23d. LOCATION (City, town, or county) (State) Pocahontas MO

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce Dickens

Licensed Embalmer No. 5097
P. O. Address Jackson, Miss.

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.