

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **24141**
Registrar's No. **33**

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FILED AUG 4 - 1953
BIRTH NO. _____

REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5182**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shawnee</u> c. LENGTH OF STAY (In this place) <u>35 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Miles N. Fruitland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawnee</u> d. STREET ADDRESS (If rural, give location) <u>5 Miles N. Fruitland</u>	
3. NAME OF DECEASED a. (First) <u>Fannie</u> b. (Middle) <u>C.</u> c. (Last) <u>Cotner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 11, 1874</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ruben Reid</u>		13b. MOTHER'S MARDEN NAME <u>Anna Thompson</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Cotner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Cotner Jackson, R.I.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> <u>arteriosclerotic cardiovascular disease</u> DUE TO (c) <u>renal lithiasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July 26, 1953</u> , to <u>July 27, 1953</u> that I last saw the deceased alive on <u>July 27, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. H. Trolinger, M.D.</u>		23b. ADDRESS <u>J. H. TROLINGER, M. D. JACKSON, MISSOURI</u>	
23c. DATE SIGNED <u>7-29-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>July 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell-Heights</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. C. Cravath Jackson Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>July 29, 53</u>		REGISTRAR'S SIGNATURE <u>H. E. Subit</u>	

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.