MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

JAFILED 17 64 53 Registration District No. 3010 Primary Registration District No. 3 Registrar's No. 3 0000518 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

	DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.
1	0168			
2	0168			
3	2			
4	0			
5	1			
6				
7	0			
8	2			
9	1/2 00			
10				
11				
12	3-0			
13	1-0			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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: 54 Yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital
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) 636 Highland Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Barrett Middle Last Cotner

4. DATE OF DEATH: Month Day Year Jan 13 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-5-1889

9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months 1 Days 8
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business

10b. KIND OF BUSINESS OR INDUSTRY: Auto Parts Insurance

11. BIRTHPLACE (City and state or country): Old Appleton Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: William Cotner

13b. MOTHER'S MAIDEN NAME: Kiziah Reed

14. NAME OF HUSBAND OR WIFE: Bertha Kassel Cotner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT Address: Mrs Bertha Cotner Cape Gir, 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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 11 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension

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 5-18-53 to Jan 13 1964 and last saw him alive on Jan 13 1964
Death occurred at 2:42 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold D Ridings, M.D.

22b. ADDRESS: Cape Girardeau, Mo.

22c. DATE SIGNED: 14 Jan 64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan 15 1964

23c. NAME OF CEMETERY OR CREMATORY: Lorimier

23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

24. FUNERAL DIRECTOR ADDRESS: Brinkopf Howell, Cape Gir Mo.

25. DATE RECD. BY LOCAL REG.: 1-14-64

26. REGISTRAR'S SIGNATURE: Emma Kasten

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1964

MAR 6 1964

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_____
Signature of Student Embalmer

Signed Neil T. Grandidier

Licensed Embalmer No. 4994

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.

DR Riding's