

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 477  
Registrar's No. 9

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5181

0160  
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1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural of place</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Oak Ridge, Mo. Route</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>D. Cotner</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 1, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 15, 1876</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months   Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James Cotner</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Howard</b>		14. NAME OF HUSBAND OR WIFE <b>Dovie E. Cotner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dovie E. Cotner, Oak Ridge, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Block</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>mitral Regurgitation</b>			<b>4214</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 1929, to 1951, that I last saw the deceased alive on Feb 9, 1951, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R.D. Playlock M.D.</b> (Degree or title)		23b. ADDRESS <b>Oak Ridge Mo</b>		23c. DATE SIGNED <b>1-8-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-3-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Goshen</b>	
		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>Feb 4-51</b>		REGISTRAR'S SIGNATURE <b>D. G. Leibert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McCombs Fun. &amp; Bur. Co.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 12 1951

DISTRICT HEALTH OFFICE No.

File No.....

[APR 7. 1954

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Thos. E. Allen*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4055-*

P. O. Address *Jackson*

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.