

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13249

State File No. _____

FILED APR 20 1953
BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Wellsville</u>	
c. LENGTH OF STAY (If this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischell State Ca. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joe</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Cotlander</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-5-70</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Germany; Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Cotlander</u>	13b. MOTHER'S MAIDEN NAME <u>Clara (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Elva Hunter</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Bentley, Wellsville</u>	ADDRESS, Mo. <u>Wellsville</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia with pulmonary congestion.</u>		<u>4 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular accident and emphysema</u>		<u>72 hours</u>
DUE TO (c) <u>Hypertensive cardiovascular disease</u>		<u>4 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple basal cell carcinomas, face</u>		<u>10 years</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-4, 1953, to 4-15, 1953, that I last saw the deceased alive on 4-15, 1953, and that death occurred at 8:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>4-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/17/53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr 17 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	31-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>E B Wells</u>	ADDRESS <u>Wellsville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
Student Embalmer

Signed *H. B. Kelbr*

Licensed Embalmer No. *1588*

P. O. Address *Wellsville, N.Y.*

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.