

STANDARD CERTIFICATE OF DEATH

State File No. **9467**

BIRTH NO. **FILED APR 14 1954** REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **4348** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) Wellsville	
c. LENGTH OF STAY (In days or years) 12 years		d. STREET ADDRESS (If rural, give location) 119 Wilson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 Wilson			

3. NAME OF DECEASED a. (First) ELVA		b. (Middle) SARAH		c. (Last) COTLANDER		4. DATE OF DEATH (Month) April (Day) 7 (Year) 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 3 1877		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 6 Days 4 IF UNDER 12 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Nevada, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME James N. Hunter		13b. MOTHER'S MAIDEN NAME Emma A. Hart		14. NAME OF HUSBAND OR WIFE Deceased	
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'S SIGNATURE OR NAME <i>Mrs. Sara Bentley Wellsville Mo</i>	
				ADDRESS Wellsville Mo	

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 20 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4500		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)		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 **Jan 13, 1954**, to **April 7, 1954**, that I last saw the deceased alive on **April 7, 1954** and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Walter H. Wellsville</i>		23b. ADDRESS Wellsville		23c. DATE SIGNED 4/8, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/9/54		24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.	
24d. LOCATION (City, town, or county) (State) Wellsville, wellsville		25. FUNERAL DIRECTOR'S SIGNATURE <i>F B Wells</i>			
DATE REC'D BY LOCAL REG. 4-9-54		REGISTRAR'S SIGNATURE <i>W.S. Romano Jr.</i>		ADDRESS Wellsville Mo	

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

JAN 23 1958

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 A. B. Hulls

Licensed Embalmer No. 1588

P. O. Address Hellerville 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 this body is not embalmed, fact should be so stated above.