

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12606

State File No.

FILED MAY 3 1949

1781

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2516 Hardesty Avenue		d. STREET ADDRESS (If rural, give location) 2516 Hardesty Avenue	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Martha	b. (Middle) AALICE	c. (Last) OTTOMAN	(Month) April	(Day) 21	(Year) 1949
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 28, 1857	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Huntington, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Anthony Miller	13b. MOTHER'S MAIDEN NAME Susan Eckman	14. NAME OF HUSBAND OR WIFE Levi J. Ottman
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Miss Estella Ottman	ADDRESS 2516 Hardesty, K.C., Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis - arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocardial failure			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 446X	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 Aug, 1948, to April 21, 1949, that I last saw the deceased alive on 4/22, 1949, and that death occurred at 7:55 pm, from the causes and on the date stated above.

23a. SIGNATURE J. J. Farnsworth	(Degree, or title)	23b. ADDRESS 7300 Prof Blvd. K. C. MO	23c. DATE SIGNED 4/22/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-25-49	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 4-22-49	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. J. Farnsworth
Prof. H. G. J. '14 3434
after 2 P. M.

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 Max W. Kirkendall

Licensed Embalmer No. 4632

P. O. Address K. C., 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.