

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15493

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 441
1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Oklahoma</b> b. COUNTY <b>Pottawatomie</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shawnee</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>O'Reilly VA Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>424 N. Kimberly</b>		
3. NAME OF DECEASED (Type or Print) <b>Otis</b>		a. (First)	b. (Middle) <b>Bachuss</b>	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>May 15, 1949</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 7, 1916</b>	9. AGE (In years last birthday) <b>33</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>	11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>443-10-7359</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clinical Records, O'Reilly Hospital</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis, enterocolitis, extensive</b>  ANTECEDENT CAUSES Morbid 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. <b>Tuberculosis, pulmonary, chronic, far advanced, active</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>002X</b>
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)		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 <b>August 18, 1947</b> , to <b>May 15, 1949</b> , that I last saw the deceased alive on <b>May 15, 1949</b> , and that death occurred at <b>7:00 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>PAUL L. EISELE, M. D.</b>		23b. ADDRESS <b>O'Reilly VA H, Springfield, Mo.</b>	23c. DATE SIGNED <b>5-15-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5-16-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shawnee</b>	24d. LOCATION (City, town, or county) (State) <b>Shawnee, Okla.</b>	
DATE REC'D BY LOCAL REG. <b>5-17-49</b>	REGISTRAR'S SIGNATURE <b>W.S. Handley MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carman Schopf, Springfield Mo</b> <b>L.S.</b>		

No. 200  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1949

OCT 19 1949

**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 L. Deakie Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.