

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36822

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>168</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>300 + Cedar</u>			
3. NAME OF DECEASED a. (First) <u>EDMUND</u>			b. (Middle) <u>HENRY</u>		c. (Last) <u>Otto</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 6 1949</u>
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>August 12-1862</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR OF UNDER 18 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Con. Co. Typ.</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William H. Otto</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Baumann</u>		14. NAME OF HUSBAND OR WIFE <u>Melitta Otto</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>489-18-2159</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Carl Otto</u> ADDRESS <u>Washington, Missouri</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured left hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>8900</u> <u>45</u>
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Church</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Franklin Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 30 49 11:30am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on Church steps. 36</u>			
22. I hereby certify that I attended the deceased from _____ 19____, to <u>12-6-</u> 19 <u>49</u> , that I last saw the deceased alive on <u>12-6-</u> 19 <u>49</u> , and that death occurred at <u>9:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. M. Lenny D.M.S.</u>				23b. ADDRESS <u>Union Mo</u>		23c. DATE SIGNED <u>12-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>December 9, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 7, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>99</u> ADDRESS <u>W. Co. by McWilliams Washington, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1949

District File Number

District Health Officer No. 9

RECEIVED DEC 10 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.

Signed *M. W. Weisbach*

Signed _____
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.