

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 276

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 92

| | | | |
|--|-------------------------------|--|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | |
| b. CITY OR TOWN <u>St. Joseph</u> | | c. CITY OR TOWN <u>SAVANNAH</u> | |
| c. LENGTH OF STAY (in this place) <u>1 hour</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mabame Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Carl</u> c. (Last) <u>Ottman Jr.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-1950</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>10-25-1914</u> |
| 9. AGE (In years last birthday) <u>35</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u> | |
| IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | 11. BIRTHPLACE (State or foreign country) <u>Craig Mo</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 13a. FATHER'S NAME <u>Dr. John C. Ottman</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Margrete</u> | | 14. NAME OF HUSBAND OR WIFE <u>EVA MAY OTTMAN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>95-07-5928</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Dr. J. C. Ottman</u> | | ADDRESS <u>Savannah Mo</u> | |
| 18. REASON 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. | | | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombus</u> | | | |
| DUE TO (c) <u>Cirrhosis of the liver</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | | 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 <u>Jan. 26, 1950</u> , to <u>Jan. 26, 1950</u> , that I last saw the deceased alive on <u>Jan. 26, 1950</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above. | | | |
| 23. SIGNATURE (Degree or title) <u>W. S. Maxwell, D.O., Coroner</u> | | 23b. ADDRESS <u>307 W. Main, Savannah, Mo.</u> | |
| 23c. DATE SIGNED <u>1/28/50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-28-1950</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u> | | 24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 28 1950</u> | | REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> 382 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u> | | ADDRESS <u>SAVANNAH MO</u> | |

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

FEB 17 1957

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

E. C. Breit

Licensed Embalmer No. *2650*

P. O. Address *Savannah, Ga.*

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.