

No. 300
10. 48

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5301

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5666 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maywood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAYWOOD - UNION	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0560 TWP. 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) CAROLINE c. (Last) OTTEN			4. DATE OF DEATH (Month) (Day) (Year) FEB. 2 1950		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug. 29, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 3	Hour	Min.
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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) Shelby County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John William PEAK	13b. MOTHER'S MAIDEN NAME CAROLINE MARGARET Daugherty	14. NAME OF HUSBAND OR WIFE Jacob W. OTTEN
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs Florence McRae	ADDRESS Maywood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) URAEMIA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION & NEPHRITIS MYOCARDITIS DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 **5/19**, 1947, to **FEB 2**, 1950 that I last saw the deceased alive on **FEB 1**, 1950, and that death occurred at **12:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. L. Eddy M.D. (Degree or title)	23b. ADDRESS Colvaire Mo	23c. DATE SIGNED 2/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/4/50	24c. NAME OF CEMETERY OR CREMATORY Maywood Cem.	24d. LOCATION (City, town, or county) (State) Maywood, Mo
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DATE REC'D BY LOCAL REG. 2-6-50	REGISTRAR'S SIGNATURE P. H. Jennings, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Maude Sawyer Alader	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

560
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FEB 13 19
RECEIVED
District Health Officer No.
District File Number 2-50-
Date Filed FEB 13 19

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 M. J. [unclear]

Student Embalmer No. _____

working under my personal supervision.

Signed
Student Embalmer

Signed James A. [unclear]

Licensed Embalmer No. 2537

P. O. Address Levittown, Pa.

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.