

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22444**

FILED AUG 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>82</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Excelsior Springs, Mo.</u>		c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2247			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp. Excelsior Springs, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3513 Wisconsin Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Otis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1951</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>October 2, 1919</u>		9. AGE (In years last birthday) <u>31</u>	F UNDER 1 YEAR Months	F UNDER 1 M. Hour		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Columbus, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Clarence H. Otis</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Cleary</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Otis</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.</u>		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor pulmonale with acute dilatation right auricle and ventricle</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pulmonary tuberculosis, chronic, far advanced, active</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				19. DATE OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
21c. (CITY, TOWN, OR TOWNSHIP) _____		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 <u>June 25, 1951, to July 10, 1951</u> , and that death occurred at <u>12:20 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. H. Bailey</u> (Degree or title) <u>Pathologist</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>7-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>7-13-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peterson Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>				
DATE REC'D BY LOCAL REG. <u>7/10/51</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss CRUNK</u>		ADDRESS <u>CAMERON, MO</u>			

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



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.....

Harold L. Walker

Licensed Embalmer No. *45-88*

P. O. Address *Lathrop, 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.