

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5185

State File No.

FILED MAR 15 1952

950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>6635 Bellefontaine Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6635 Bellefontaine Ave</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Amelia</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>O T T</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 6, 1879</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 2 HRS. Hours	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Peter Brandt</u>	13b. MOTHER'S MAIDEN NAME <u>MARY PAPEN</u>	14. NAME OF HUSBAND OR WIFE <u>Dr. Chas W. Ott</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Halehalt</u>	ADDRESS <u>6635 Bellefontaine Ave</u>
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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 <u>12-25-52</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	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.		331A	

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 12-22, 1951, to 2-27, 1952 that I last saw the deceased alive on 2-20, 1952 and that death occurred at 0:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Atchison</u>	(Degree or Title) <u>M.D.</u>	23b. ADDRESS <u>3850 Proffert</u>	23c. DATE SIGNED <u>2-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 28, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SEDALIA MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-28-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer</u>	ADDRESS <u>1301 BRUSH CREEK KANSAS CITY, MO.</u>
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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.....

John R. Sidman

Licensed Embalmer No. *4531*

P. O. Address *Kansas City, 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.