

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38050

State File No. ....

FILED NOV 18 1952

BIRTH NO. .... REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kidder</u>	
c. LENGTH OF STAY (In this place) <u>2 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>0130</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Cameron Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIJA H</u> b. (Middle) <u>DANIEL</u> c. (Last) <u>OTTERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Sept. 5, 1873</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Da vies Co, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Marton F. Otterman</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda J. Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Rebecca Newton Otterman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>K. ADDRESS, Mrs. Frances Cornelius 5342 Tracy</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - cerebral hemorrhage</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 10-27, 1952, to 11-10, 1952, that I last saw the deceased alive on 11-9, 1952, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. Hetherington MD</u> (Degree or title)		23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>11-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/11/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Civil Bend</u>	
24d. LOCATION (City, town, or county) (State) <u>Civil Bend Mo.</u>					

DATE REC'D BY LOCAL REG. <u>11-11-52</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> <u>396-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bram Funeral Home</u> ADDRESS <u>Hamilton Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*R. Lester Bram*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4972

P. O. Address. Hamilton 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.