

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4925

State File No.

ED FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 230

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

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>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>38 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>County Infirmary</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Duncan Rest Home 723 So. 11</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Otto</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>1867</u>		9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 24 Hrs. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</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>Unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Social Welfare Board, St. Joseph</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 to 5 days</u>	
		DUPLICATE CAUSES DUE TO (b) <u>Congestive Heart Failure</u>		Unknown	
		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		Unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4208</u>		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)	
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 11-1, 1952, to 2-16-53, 1953, that I last saw the deceased alive on 2-13, 1953, and that death occurred at 8:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sharon E. Wagoner M.D.</u>		23b. ADDRESS <u>301 Illinois Ave. M.D. So. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>2-18-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Feb 19, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor J. Barry St Joseph Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Victor J. Barry

Licensed Embalmer No. *4212*

P. O. Address *St Joseph 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.