

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1953

State File No. **38365**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5127** Registrar's No. **1228**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Jackson Twsp.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Faucett, Rural, Jackson Twsp.</b>                           |  |
| c. LENGTH OF STAY (In this place) <b>Life</b>  |  | d. STREET ADDRESS (If rural, give location) <b>R. F. D. #1</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence Faucett, Mo.</b>                                    |  |   |  |

|                                     |                          |                       |                           |                                       |
|-------------------------------------|--------------------------|-----------------------|---------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Andrew</b> | b. (Middle) <b>N.</b> | c. (Last) <b>Ottinger</b> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                          |                       |                           | <b>Nov. 22 1953</b>                   |

|                    |                               |   |                                   |   |                        |                        |                       |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|------------------------|-----------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>3/29/1376</b> | 9. AGE (In years last birthday) <b>77</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|------------------------|-----------------------|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b> | 11. BIRTHPLACE (State or foreign country) <b>Buchanan Co. Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA.</b> |
|---|--|---|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>James Ottinger</b> | 13b. MOTHER'S MAIDEN NAME <b>Melvina Anderson</b> | 14. NAME OF HUSBAND OR WIFE <b>Ada Ottinger</b> |
|--|---|---|

|  |                                   |   |                             |
|--|-----------------------------------|---|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> | 16. SOCIAL SECURITY NO. <b>no</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ada Ottinger</b> | ADDRESS <b>Faucett, Mo.</b> |
|--|-----------------------------------|---|-----------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 w 7 d</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio Sclerosis</b>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) | 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 **Nov 17, 1953** to **Nov 22, 1953**, that I last saw the deceased alive on **Nov 21, 1953**, and that death occurred at **4 A. m.**, from the causes and on the date stated above.

|   |                   |   |                                   |
|---|-------------------|---|-----------------------------------|
| 23a. SIGNATURE <b>G. F. Kimbrell M.D.</b> | (Degree or title) | 23b. ADDRESS <b>3816 St. J. Mo. Searles</b> | 23c. DATE SIGNED <b>Nov 27-53</b> |
|---|-------------------|---|-----------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>11/23/1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>No. 6 Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Frazier, Mo.</b> |
|---|-----------------------------|--|---|

|   |  |        |   |                           |
|---|--|--------|---|---------------------------|
| DATE REC'D BY LOCAL REG. <b>Dec 1, 1953</b> | REGISTRAR'S SIGNATURE <b>Gather M. Allison</b> | 485-01 | 5. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Murray</b> | ADDRESS <b>Gower, Mo.</b> |
|---|--|--------|---|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

John H. Murray

Licensed Embalmer No. 2892

P. O. Address Gower, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.