

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38406**

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5153 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Caldwell</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>Kingston rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingston rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print)
 a. (First) Dale b. (Middle) Emmerson c. (Last) Otto
 4. DATE OF DEATH (Month) (Day) (Year) II 20 53

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH Nov., 10 - 1934 9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Mirabile, Missouri 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Emmerson Otto 13b. MOTHER'S MAIDEN NAME Opal Harlow 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Emmerson Otto, Kingston, Missouri ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic Anemia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) not known (Leukemia?)
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 2924

19a. DATE OF OPERATION Aug. 22, 1953 19b. MAJOR FINDINGS OF OPERATION Terminal aspiration - Aplastic marrow 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug. 17, 1953, to Nov. 20, 1953, that I last saw the deceased alive on Nov. 20, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD 23b. ADDRESS Cameron MO 23c. DATE SIGNED 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE II-23-1953 24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery 24d. LOCATION (City, town, or county) (State) Kingston, Missouri

DATE REC'D BY LOCAL REG. 12-1-53 REGISTRAR'S SIGNATURE Gladys Jones 370 25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark ADDRESS Kingston, Mo

(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston, 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.