

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19552

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5669 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Lincoln County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and township) OR TOWN <u>Hawk Point Rural</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>5100 EN Right 2129 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lorissa</u> b. (Middle) <u>Francesca</u> c. (Last) <u>Otto</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>April 17, 1870</u>	9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 28 HRS. Days Hours Min. <u>1 14</u>
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>Jacob Belarber</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Max Otto</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-48-8440</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Marsh Troy Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Accidental Carbon Monoxide Poisoning, &</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Source unknown,</u>	
		DUE TO (c) <u>(Coroner's Jury Verdict)</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>E8908 40</u>	

19a. DATE OF OPERATION _____	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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Resort Cabin</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hawk Point Twp. Lincoln Co. Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 30 1954 ? a.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Sleeping in closed cabin with Ref. & lamp burning. Gas Operated Ref.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph S. Marsh</u> Coroner (Degree or title) _____	23b. ADDRESS <u>Lincoln Co. Missouri Troy, Missouri</u>	23c. DATE SIGNED <u>6/30/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>2000 Lemaster Ferry Road Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 3 - 1954</u>	REGISTRAR'S SIGNATURE <u>Emmanuel Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bull-Campbell Mortuary</u>	ADDRESS <u>165 Delmar St.</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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. E. Campbell*.....

Licensed Embalmer No. 388

P. O. Address *H. Evans*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.