

No. 300
10-48
FILED AUG 4 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 23776

BIRTH NO.		REG. DIST. NO. 234		PRIMARY REG. DIST. NO. 4349		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY MORGAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MORGAN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOUER		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY OR TOWN STOUER		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION STOUER Mo				e. STREET ADDRESS (If rural, give location) STOUER Mo. 0710			
3. NAME OF DECEASED (Type or Print) HENRY		a. (First)		b. (Middle)		c. (Last) OTTEN	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 24/1879	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) STOUER Mo.		9. AGE (In years last birthday) Months Days Hours Mins. 74 6 12	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME DIETRICH OTTEN		13b. MOTHER'S MAIDEN NAME SENA GROTHNER		14. NAME OF HUSBAND OR WIFE MAGGIE OTTEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAGGIE OTTEN STOUER Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure				INTERVAL BETWEEN ONSET AND DEATH 20 hrs. approx	
*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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis with myocardial infarction DUE TO (c) arteriosclerosis					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				21. HOW DID INJURY OCCUR	
19b. MAJOR FINDINGS OF OPERATION		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 6-26 1952 to 7-16 1954, that I last saw the deceased alive on 7-16 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Thomas P. Vesicow, D.O.		23b. ADDRESS Stone, Mo.		23c. DATE SIGNED 7-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 19/1954		24c. NAME OF CEMETERY OR CREMATORY STOUER CEMETERY		24d. LOCATION (City, town, or county) (State) STOUER Mo	
DATE REC'D BY LOCAL REG. July 30/54		REGISTRAR'S SIGNATURE Wm. L. Rippeger		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Steverson		ADDRESS Stone 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.....
Signature of Student Embalmer

Signed *J. L. Stevenson*.....

Licensed Embalmer No. *407*.....

P. O. Address *Stover N.*.....

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.