

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28549

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Louisiana</u> c. LENGTH OF STAY (In this place) <u>9 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Pike</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill</u> d. STREET ADDRESS (If rural, give location) <u>§ 120</u> <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Ottwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 2, 1883</u>	9. AGE (In years, last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Fisherman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Fisherman</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>/</u>	
13a. FATHER'S NAME <u>Alexander Ottwell</u>			13b. MOTHER'S MAIDEN NAME <u>Urelda Drake</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Cox Ottwell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-36-3191</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Esther Grassilly, Pleasant Hill, Ill</u>			
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) <u>Chronic Hypertension (arterial)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - hypertensive</u> DUE TO (c) <u>Carcinoma of sigmoid</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Complete obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>8/18/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., if of about home, farm, factory, greenhouse bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>153X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>noon</u>		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 _____, 1953, to <u>8-23, 1954</u> , that I last saw the deceased alive on <u>8-23, 1954</u> , and that death occurred at <u>10⁰⁰ P. m.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>Bernice Collier M.D.</u>				23a. ADDRESS <u>Louisiana, Mo</u>		23c. DATE SIGNED <u>8-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/24/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steers Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Co., Illinois</u>		
DATE REC'D BY LOCAL REG. <u>Sept 1 1954</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>374</u> <u>Starne Funeral Home, Louisiana, MO.</u>		ADDRESS	

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 Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.