

STANDARD CERTIFICATE OF DEATH

3992

FILED FEB 21 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. .... 159

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY OR TOWN <u>St Joseph</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>47 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>220 Ohio St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>220 Ohio St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>OTTEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 17, 1894</u>	9. AGE (In years last birthday) Months Days <u>60</u> <u>2</u> <u>18</u>	IF UNDER 1 YEAR Hours Min. <u>2</u> <u>18</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Furniture Store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chester Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Herman H. Otten</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha J. Milner</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Helen Otten</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. W. I</u>	16. SOCIAL SECURITY NO. <u>500-36-0538</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Helen Otten</u>	ADDRESS <u>220 Ohio St.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>St. Joseph, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		<u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis General</u>		<u>3 yrs.</u> <u>3 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-15-54 1954, to 2-5-55 1955, that I last saw the deceased alive on 1-14-55, 1955, and that death occurred at 11:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Senne MD</u>	23b. ADDRESS <u>10704 S. Bluff St. Joseph, Mo</u>	23c. DATE SIGNED <u>2-8-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 14 1955</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	485- <u>Clark</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark</u>	ADDRESS <u>Clark Funeral Home St. Joseph, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1955

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..... *Emma Clark*

Licensed Embalmer No. 423

P. O. Address *St. Joseph*

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.