

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40282

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 200	
1. PLACE OF DEATH a. COUNTY <u>Stundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Hamilton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stamont</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hoop</u>				d. STREET ADDRESS (If rural, give location) <u>0319</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERNON</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>OTTERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-1955</u>				
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>4-15-1902</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) If UNDER 1 YEAR: Months <u>5</u> Days <u>3</u> If UNDER 12 WKS: Hours <u> </u> Min. <u> </u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>E. R. Otterman</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Newton</u>			14. NAME OF HUSBAND OR WIFE <u>Laron Otterman</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>497-38-9088</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laron Otterman</u> <u>Stamont Mo</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>Acute Intestinal Obstruction</u> <u>Cause Undetermined</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5705</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (m.)		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 <u>12-22</u> , 19 <u>55</u> , to <u>12-24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-22</u> , 19 <u>55</u> , and that death occurred at <u>8:20 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Oliver P. Jolly</u>				23b. ADDRESS <u>Newton Mo</u>		23c. DATE SIGNED <u>Dec 28th</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>12/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Civil Bend</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-4-56</u>		REGISTRAR'S SIGNATURE <u>Gene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion A. Brown</u>		ADDRESS <u>Hamilton</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 Walter A. Oldfield

Licensed Embalmer No. 4542

P. O. Address Hamilton, 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 this body is not embalmed, fact should be so stated above.