

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3810**

FILED FEB 20 1956

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **68**

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Boone			a. STATE Mo		b. COUNTY Miller
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 44 days	c. CITY OR TOWN St. Elizabeth		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ellis Fischel State Ca. Hosp.			e. STREET ADDRESS (If rural, give location) RT 1 0660		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Henry	b. (Middle) Michael	c. (Last) Otto	(Month) Feb.	(Day) 17	(Year) 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-24-1922		9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Elizabeth, Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Otto	13b. MOTHER'S MAIDEN NAME Anna Schultie	14. NAME OF HUSBAND OR WIFE Martha Otto
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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)	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Hospital Records	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Lymphatic Leukemia		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2040	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 **Dec 15, 1955**, to **Feb 17, 1956**, that I last saw the deceased alive on **Feb 17, 1956**, and that death occurred at **11:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Charles Lamb M.D.	23b. ADDRESS Mo. State Ca. Hospital	23c. DATE SIGNED 2-17-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 18 1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Berberia Mo
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DATE REC'D BY LOCAL REG. Feb 18 1956	REGISTRAR'S SIGNATURE Mrs R E Palmer 31-0	25. FUNERAL DIRECTOR'S SIGNATURE Walter J. Judges	ADDRESS Berberia Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1956

VS FEB 26 1960

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..... *Erwin C. Carney*

Licensed Embalmer No. *47*

P. O. Address *Cracker...*

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.