

FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28501  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 397

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JOPLIN</u>		c. CITY OR TOWN <u>JOPLIN</u>	
c. FULL NAME OF INSTITUTION (If NOT in hospital, give location) <u>GEN HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>225 S. Division</u>	
3. NAME OF DECEASED First <u>SAMUEL</u> Middle <u>ANDREW</u> Last <u>OTT</u>		4. DATE OF DEATH Month <u>AUG</u> Day <u>11</u> Year <u>1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 24, 1863</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>ENTER. OR DECOM. CONSTRUCTION</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>NO RECORD</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</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>		14. NAME OF HUSBAND OR WIFE <u>NOTE</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>MRS. CLARA HOPKINS, JOPLIN</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cor Pulmonale</u> DUE TO (c) <u>Lobar Pneumonia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>490X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>1 week</u> <u>10 days</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ .Month _____ .Day _____ .Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <u>7/30/57</u> to <u>Aug. 11/57</u> and last saw <u>her</u> alive on <u>8/11/57</u> Death occurred at <u>4:45 P.M. 8/11/57</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. A. Kilbane M.D.</u>		22b. ADDRESS <u>521 W. 4th., Joplin, Mo.</u>	
22c. DATE SIGNED <u>8/13/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		23b. DATE <u>AUG 14 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
24. FUNERAL DIRECTOR <u>Havelbut Moore</u>		25. DATE RECD. BY LOCAL REG. <u>8-16-1957</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number 57-8-716  
Date Filed AUG 20 1957

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 .....  
Licensed Embalmer No. 4593  
P. O. Address .....  
Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.