

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43858
 STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 397

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN <u>Crawford Township</u> <u>216</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> Length of stay in 1b			d. STREET (If outside, give location) ADDRESS <u>Linn, Mo., RFD</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Fredrick Joseph Otto</u>			4. DATE OF DEATH Month Day Year <u>Dec. 18, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 6, 1920</u>	9. AGE (In years last birthday) <u>37</u>	FUNDER 1 YEAR Months Days <u>11 12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce Company</u>	11. BIRTHPLACE (City and state or country) <u>Linn, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter Otto</u>		13b. MOTHER'S MAIDEN NAME <u>Agatha Sprenger</u>		14. NAME OF HUSBAND OR WIFE <u>Martha M. Frank en Otto</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WWII</u>		16. SOCIAL SECURITY NO. <u>497 18 4086</u>	17. INFORMANT Address <u>Martha M. Otto, Linn, Mo.</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>Quiescent Ref Smoke</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Heart Attack - Coronary Thrombosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) <u>40</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
20a. ACCIDENT <input checked="" 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.) <u>Was fighting fire @ New Barry's Store, Jefferson City Mo</u>			
20c. TIME OF INJURY <u>6:40 p.m. 12-18-1957</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Office Bldg.</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jefferson City - Cole, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Jefferson City - Cole, Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Clarence H. Alb, Coroner, Cole County</u>			22b. ADDRESS <u>630 Adams St. Jefferson City, Mo</u>		22c. DATE SIGNED <u>12/18/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 21, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. George's</u>		23d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>
24. FUNERAL DIRECTOR <u>Clyde Morton, Linn, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>19 Dec 1957</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Harris, MD-MR</u>	

Securing the medical certificate in the specific manner required by 1937, IUD MORIS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

DEC 8 0 1951

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 *Vernon M. Morton*.....

Licensed Embalmer No. *4125*.....

P. O. Address *Linn 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.