

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014291
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 207 Primary Registration District No. 5880 Registrar's No. 24

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|---|---------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Osage | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Crawford Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn, Mo., RFD | | Length of stay in lb entire life | d. STREET ADDRESS (If outside, give location) Linn, Mo., RFD | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First: KATHY Middle: JEAN Last: OTTO | | | 4. DATE OF DEATH Month Day Year April 7, 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 14, 1955 | | 9. AGE (In years last birthday) 3 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and state or country) Jefferson City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Herbert H. Otto, Sr. | | 13b. MOTHER'S MAIDEN NAME Hilda Ruetters | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Herbert H. Otto Sr. Linn, Mo. | | |
| 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>Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) <u>Carcinoma Right lung</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</u> |
| 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 <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>Mar 25, 1959</u> to <u>April 6, 1959</u> and last saw her alive on <u>April 6, 1959</u> Death occurred at <u>5:30</u> a. m. on the date stated above; and to the best of my knowledge from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Robert J. Saville D.C.</u> | | | 22b. ADDRESS <u>Box 338 Linn, Mo</u> | | 22c. DATE SIGNED <u>3/1/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Apr. 10, 1959 | 23c. NAME OF CEMETERY OR CREMATORY St. George's | | 23d. LOCATION (City, town, or county) (State) Linn, Mo. |
| 24. FUNERAL DIRECTOR Clyde Morton | | ADDRESS Linn, Mo. | | 25. DATE RECD. BY LOCAL REG. <u>Apr. 10-59</u> | 26. REGISTRAR'S SIGNATURE <u>Thomas L. Dindon</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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.