

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018356
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Levan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Marceline</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jowell Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>unknown</u>	
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Ottinger</u> Last <u>Ottinger</u>		4. DATE OF DEATH Month <u>5</u> Day <u>16</u> Year <u>59</u>	
5. SEX <u>AFW</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>unknown</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Chariton, Co, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Samuel Penrod</u>	
14. MOTHER'S MAIDEN NAME <u>Susan Crow</u>		15. NAME OF HUSBAND OR WIFE <u>unknown</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>4344</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>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation (congestive failure) 5 yrs.</u>			
DUE TO (c) <u>Advanced age and generalized debility</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <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>Jan. 3, 1953</u> to <u>5/16/59</u> and last saw her/him/alive on <u>5/16/59</u> Death occurred at <u>5:23 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. White, D.O.</u>		22b. ADDRESS <u>Brookfield, Mo.</u>	
22c. DATE SIGNED <u>5/18/59</u>			
23a. BURNAL CREMATION, REMOVAL (Specify)		23b. DATE <u>5-17-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Stanley</u>		23d. LOCATION (City, town, or county) (State) <u>Marceline MO</u>	
24. FUNERAL DIRECTOR <u>James M. Laughlin</u>		25. DATE RECD. BY LOCAL REG. <u>6-1-59</u>	
ADDRESS <u>Marceline, Mo</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James B. Mc Clelland*

Licensed Embalmer No. *4230*
P. O. Address *Brookfield, 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.