

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040759

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1172 STATE FILE NUMBER

FILED DEC 4 1961

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>                                                                                                                                                                                                                                                                                                         |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>                   |                                                                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>                                                                                                                                                                                                                                                              |                                                                                                           | Length of stay in lb<br><b>3 years</b>                                                                                                                      | c. CITY OR TOWN <b>Springfield</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Burge Hospital</b>                                                                                                                                                                                                                                                 |                                                                                                           | Inside-Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | d. STREET ADDRESS (If outside, give location)<br><b>State Hotel</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>            |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JOHN</b> Middle <b>OTTERSON</b> Last <b>OTTERSON</b>                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>28</b> Year <b>1961</b>                                                                                             |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                | 6. COLOR OR RACE<br><b>White</b>                                                                          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>Jan 10, 1887</b>                                                                                                                              |
| 9. AGE (last birthday)<br><b>74</b>                                                                                                                                                                                                                                                                                                                  |                                                                                                           | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>                                                                                                            | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b>                                                                                                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Traffic Mgr.</b>                                                                                                                                                                                                                              |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Truck Lines</b>                                                                                                     | 11. BIRTHPLACE (City and state or country)<br><b>Arkansas</b>                                                                                                        |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                                                                                                                                                                                                         |                                                                                                           | 13a. FATHER'S NAME<br><b>Unknown</b>                                                                                                                        |                                                                                                                                                                      |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>                                                                                                                                                                                                                                                                                                          |                                                                                                           | 14. NAME OF HUSBAND OR WIFE<br><b>--</b>                                                                                                                    |                                                                                                                                                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>None!</b>                                                                                                                                                                                                                             |                                                                                                           | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>                                                                                                                   | 17. INFORMANT<br><b>Dayton Glasscock, Springfield, Mo.</b> Address                                                                                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonitis</b><br>DUE TO (b) <b>Carcinoma of Sigmoid colon</b><br>DUE TO (c) <b>Arteriosclerotic Heart Disease</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 days</b><br><b>unknown</b>                                                                                                  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).<br><b>Arteriosclerotic Heart Disease</b>                                                                                                                                                                          |                                                                                                           |                                                                                                                                                             | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>4:00 p.m.</b> Month, Day, Year <b>11-21-61</b>                                                                                                                                                                                                                                                                        | 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 <b>11-21-61</b> , to <b>11-28-61</b> and last saw him alive on <b>11-28-61</b><br>Death occurred at <b>4:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                             |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| 22. SIGNATURE (Degree or title)<br><b>Carl H. Schroyer, M.D.</b>                                                                                                                                                                                                                                                                                     |                                                                                                           | 22b. ADDRESS<br><b>1630 N. Jefferson Springfield Mo</b>                                                                                                     | 22c. DATE SIGNED<br><b>12-2-61</b>                                                                                                                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                                          | 23b. DATE<br><b>Dec 6, 1961</b>                                                                           | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Unknown</b>                                                                                                        | 23d. LOCATION (City, town, or county) (State)<br><b>Oklahoma City, Okla</b>                                                                                          |
| 24. FUNERAL DIRECTOR<br><b>Jewell E. Windle, Springfield, Mo.</b> ADDRESS                                                                                                                                                                                                                                                                            |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><b>12-6-61</b>                                                                                                              | 26. REGISTRAR'S SIGNATURE<br><b>Ebbie E. Melton</b>                                                                                                                  |

MAY 10 1962

DEC 27 1961

**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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.