

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040587

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10603**

STATE FILE NUMBER

FILED NOV 13 1962

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If number, give location)	
a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If number, give location)	
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3. NAME OF DECEASED (Type or print) First Middle Last GEORGE OTTENBERGER			4. DATE OF DEATH Month Day Year NOV. 5, 1962				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-7-1886	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Cons't		11. BIRTHPLACE (City and state or country) Corning, Nebraska		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Joseph Ottenberger	13b. MOTHER'S MAIDEN NAME Laura Birbeck	14. NAME OF HUSBAND OR WIFE Roy B. Birbeck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Address Roy B. Birbeck 2025 Hillcrest Hollywood 28, Calif.	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ENCEPHALOMYCLIC</u> DUE TO (b) <u>SEVERE GENERAL ARTERIOSCLEROSIS</u> DUE TO (c) <u>332X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
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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
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21. I attended the deceased from 10/29/62 to 11/5/62 and last saw her/him alive on 11/5/62
 Death occurred at 7:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. E. Dwyer M.D.	22b. ADDRESS 1515 LAFAYETTE AVE	22c. DATE SIGNED 11/5/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal Train	23b. DATE 11-5-62	23c. NAME OF CEMETERY OR CREMATORY West Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Omaha, Nebr.
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24. FUNERAL DIRECTOR ADDRESS Stroot - Carroll 4600 Natural Bridge	25. DATE RECD. BY LOCAL REG. NOV 5 1962	26. REGISTRAR'S SIGNATURE Royal Smith M.D.
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BRITTINGHAM USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

VS 300 Rev. 4/59

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2-10-1911

C. I. C. ...

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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 M. R. Ruter

Licensed Embalmer No. 4685

P. O. Address St Louis

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.