

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020890

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 4367 Registrar's No. 65

FILED MAY 27 1963

VS 300  
Rev. 4/59

DATE AMENDED

1 0730

2 0730

3

4 0

5 0

6

7 0

8 1

9 9210

10 22

11 073

12 90-3

13 6-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ritchey</u>		Length of stay in 1b <u>years</u>	c. CITY OR TOWN <u>Ritchey</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>Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural route</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Charles Everett Ottendorf</u> First Middle Last			4. DATE OF DEATH <u>May 4, 1963</u> Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-5-1946</u>
9. AGE (last birthday) <u>16</u>		IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Granby, Missouri</u>
13a. FATHER'S NAME <u>William H. Ottendorf</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Hamilton</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>5</u>	17. INFORMANT Address <u>William H. Ottendorf Ritchey, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>regurgitated food &amp; stomach contents</u>			
DUE TO (c) <u>consumption of alcoholic beverages</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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>subject strangled on vomitus, after a brief fight with another</u>	
20c. TIME OF INJURY Hour <u>12:30</u> a.m. Month, Day, Year <u>May 4, 1963</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>in door yard of home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>1-1/2 Mi. NE of Ritchey, Newton, Missouri</u>	
21. I attended the deceased from <u>did not attend</u> to <u>did not attend</u> Death occurred at <u>12:30</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>James L. Haddock</u> Coroner		22b. ADDRESS <u>118 West Main, Neosho, Mo.</u>	
22c. DATE SIGNED <u>5-23, 63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-7-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ritchey, Missouri</u>
24. FUNERAL DIRECTOR <u>Shewmake Funeral Home Granoy, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-25-63</u>	26. REGISTRAR'S SIGNATURE <u>Marydene Belka</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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

*Lloyd E. Stumbeck*

Licensed Embalmer No.

*4923*

P. O. Address

*Box 218 Granby, Maine*

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.