

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024956

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 382

Registration District No. 5655 Primary Registration District No. 280 Registrar's No.

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 382

FILED JUL 10 1963

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stotts City		Length of stay in 1b. 1 mo.	c. CITY OR TOWN Mt. Vernon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jessie Middle May Last OTT			4. DATE OF DEATH Month 7 Day 6 Year 1963
5. SEX Female	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 2-21-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired nurse		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 79
11. BIRTHPLACE (City and state or country) Lawrence Co Mo USA		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Henry Cochran		13b. MOTHER'S MAIDEN NAME Sarah Reynolds	14. NAME OF HUSBAND OR WIFE James Paul Ott dec'd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mary Frances Schnake - Stotts City Mo
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure			INTERVAL BETWEEN ONSET AND DEATH Pruned
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart Disease			20 yrs
DUE TO (c) (Osteoporosis of spine)			30 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Non-Union - Lt Hip - Pruned 1942			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 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 a.m. p.m. Month, Day, Year			
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 May 1955 to 7/6/63 and last saw her alive on 6/24/63 Death occurred at 3 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kenneth Glover MD		22b. ADDRESS Mt Vernon Mo	22c. DATE SIGNED (State) 7/6/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-9-63	23c. NAME OF CEMETERY OR CREMATORY Brick Church Cemetery	23d. LOCATION (City, town, or county) Mt. Vernon Mo.
24. FUNERAL DIRECTOR ADDRESS Max L Fossett Mt. Vernon Mo.		25. DATE RECD. BY LOCAL REG. 7-8-63	26. REGISTRAR'S SIGNATURE Loy Prantham

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS 300 Rev. 4/59

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STATE OF MISSISSIPPI

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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 May L. Fossell

Licensed Embalmer No. 4252

P. O. Address McWinn, 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.