

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

OK Cert  
22066  
State File No.

Registration District No. 35421 Primary Registration District No. 8043564 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Monett, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
E. Sycamore St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Robert Jessie Offutt  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wilma Offutt  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased April 4, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 1 22 hr. \_\_\_\_\_ min.

9. Birthplace Camden, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Decorator

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James Samuel Offutt  
13. Birthplace Camden, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Slater  
15. Birthplace Camden, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilma Offutt,  
(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof May 28, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Waldensian Cemetery

18. (a) Signature of funeral director Callaway  
(b) Address Monett, Mo.

19. (a) June 11, 1944 (b) Mrs. J. C. Pennington  
Date received local registrar Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lawrence  
(c) City or town Monett  
(If outside city or town limits, write "RURAL")  
(d) Street No. E. Sycamore St. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 26  
year 1944 hour Seven minute 40 P.M.

21. I hereby certify that I attended the deceased from May 9, 1944, to May 26, 1944;  
that I last saw him alive on May 26, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death aneurysm of aorta  
Due to Syphilis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 20 F

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

427 (Specify type of place) \_\_\_\_\_  
While at work (c) Years of injury 3  
23. Signature Edmund G. Smith (M. D. or other) DO.  
Address Monett, Mo. Date signed 5-27-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

000

55  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 741-1025

Date Filed JUL 7 1941

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 \_\_\_\_\_

*J. W. Buchanan*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*J. W. Buchanan*

Licensed Embalmer No. 3149

P. O. Address \_\_\_\_\_

*Mount Me*

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 this body is not embalmed, above space should be left blank.

Registration District No. 471

Primary Registration District No. 5634

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: E. Sycamore St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Monett  
(If outside city or town limits, write "RURAL")

(d) Street No. E. Sycamore St.  
(If rural, give location)

(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Jessie Offutt

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1941 hour seven minute 40 P.M.

21. I hereby certify that I attended the deceased from May 9  
1941, to May 26, 1941;  
that I last saw him alive on May 26, 1941,  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Aneurysm of Aorta

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Wilma Offutt

6. (c) Age of husband or wife if alive 40 year

7. Birth date of deceased Apr 4 1883  
(Month) (Day) (Year)

Duration	
Due to	<u>Syphilis</u>
Due to	

8. AGE: Years 58 Months 1 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Camden  
(City, town, or county) (State or foreign country)

10. Usual occupation Decorator

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Samuel Offutt

13. Birthplace Camden Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Staler

15. Birthplace Camden Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Wilma Offutt

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof May 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation of Caldeenan Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo

19. (a) 9-2-41 (b) E. B. Wright  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature E. A. Smith (M. D. or other) MD

Address Monett Mo Date signed 5-27-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

PRELIMINARY

