

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12378

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 104

264

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

|                                                                                                    |  |                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>                                                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>0264</u>                          |  |
| c. LENGTH OF STAY (in this place) <u>18yrs</u>                                                     |  | d. STREET ADDRESS (If rural, give location) <u>204 Boonville Rd.</u>                                                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>                                  |  |                                                                                                                                         |  |

|                                                            |            |             |           |                                                            |
|------------------------------------------------------------|------------|-------------|-----------|------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>Karl Henry Otto</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1950</u> |
|------------------------------------------------------------|------------|-------------|-----------|------------------------------------------------------------|

|                    |                               |                                                                       |                                       |                                           |                 |                            |
|--------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|-------------------------------------------|-----------------|----------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 11, 1897</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR | IF UNDER 1 Hrs.            |
|                    |                               |                                                                       |                                       | Months <u>3</u>                           | Days <u>12</u>  | Hours <u></u> Min. <u></u> |

|                                                                                                              |                                                               |                                                                      |                                         |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Treasurer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo Power &amp; Light</u> | 11. BIRTHPLACE (State or foreign country) <u>Co. Kirksville, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------|

|                                           |                                                    |                                                    |
|-------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| 13a. FATHER'S NAME <u>Walter B. Otto.</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizebeth Setters</u> | 14. NAME OF HUSBAND OR WIFE <u>Beulah Mae Otto</u> |
|-------------------------------------------|----------------------------------------------------|----------------------------------------------------|

|                                                                                                                               |                                            |                                                          |                                   |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW#1 Navy</u> | 16. SOCIAL SECURITY NO. <u>491-05-5835</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Beulah Mae Otto</u> | ADDRESS <u>Jefferson City, Mo</u> |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|-----------------------------------|

|                                                                                                                                                                                                                                |                                                                                                                                                                                            |  |                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                                                                                                                                                                      |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>April 21<sup>st</sup> to April 23<sup>rd</sup> 1950.</u><br><u>57.2 X</u> |
|                                                                                                                                                                                                                                | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>                                                                                                                       |  |                                                                                                                  |
|                                                                                                                                                                                                                                | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Glomerulo-nephritis</u><br>DUE TO (c) _____ |  |                                                                                                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                            |                                                                                                                                                                                            |  |                                                                                                                  |

|                        |                                  |                                                                       |
|------------------------|----------------------------------|-----------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|-----------------------------------------------------------------------|

|                                          |                                                                                          |                                                 |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|

|                                                    |                                                                                                        |                            |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|

22. I hereby certify that I attended the deceased from April 21, 1950, to April 23, 1950, that I last saw the deceased alive on April 23, 1950, and that death occurred at 11 1/2 m., from the causes and on the date stated above.

|                                          |                   |                                        |                                 |
|------------------------------------------|-------------------|----------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>John H. McManey MD</u> | (Degree or title) | 23b. ADDRESS <u>Jefferson City, Mo</u> | 23c. DATE SIGNED <u>4/24/50</u> |
|------------------------------------------|-------------------|----------------------------------------|---------------------------------|

|                                                         |                          |                                                               |                                                                      |
|---------------------------------------------------------|--------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-25-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u> |
|---------------------------------------------------------|--------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|

|                                               |                                                         |                                                        |                                   |
|-----------------------------------------------|---------------------------------------------------------|--------------------------------------------------------|-----------------------------------|
| DATE REC'D BY LOCAL REG. <u>April 24-1950</u> | REGISTRAR'S SIGNATURE <u>R.P. Harris MD - Registrar</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buscher</u> | ADDRESS <u>Jefferson City, Mo</u> |
|-----------------------------------------------|---------------------------------------------------------|--------------------------------------------------------|-----------------------------------|

20 CHA

RECEIVED  
APR 25 1950  
District Health Officer No. 9,  
District File Number

MAY 7 1950

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 \_\_\_\_\_  
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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 this body is not embalmed, fact should be so stated above.