

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17376

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 369

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY OR TOWN Marceline		c. CITY OR TOWN Marceline, 1581	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print) Otto		4. DATE OF DEATH (Month) (Day) (Year) May 17, 1950	
5. SEX Male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 4, 1871	
9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR (Months) (Days) 10 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		11. BIRTHPLACE (State or foreign country) Chicago, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Otto Krumm	
13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE Dorothy Lile	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 495-14-7231	
17. INFORMANT'S SIGNATURE OR NAME From Hospital records.		ADDRESS Marceline,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Circula <i>lock failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic Heart Disease DUE TO (c) Vires Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200	
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) (Minute)		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 2pm, 1950 to 5-17-1950, that I last saw the deceased alive on 5-17, 1950, and that death occurred at 10:00 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert W. Summers		23b. ADDRESS Marceline, Mo. 5-19-50	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE May 19, 1950		24c. NAME OF CEMETERY OR CREMATORY Stein Cemetery	
24d. LOCATION (City, town, or county) (State) Near Marceline, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE James M. Laughlin	
25. ADDRESS Marceline, Mo.		DATE REC'D BY LOCAL REG. May 19-1950	
REGISTRAR'S SIGNATURE Mary Jane Owens		401	

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

5810



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 Francis L. Schobry

Licensed Embalmer No. 4513

P. O. Address Marceline, Missouri.

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.