

FILED JAN 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. **41707**

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5914** Registrar's No. **89**

790

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brazeau		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) J. c. (Last) Katt		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 17 1892
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Perry Co. Mo. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Barthold Katt		13b. MOTHER'S MAIDEN NAME Anna Sticht	
14. NAME OF HUSBAND OR WIFE Emelia Bock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Emelia Katt Brazeau Mo. ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Parkinsons disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 350X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 8-24-1939 to 12-13-1950 , that I last saw the deceased alive on 12-13-1950 , and that death occurred at 4:40 P.M. from the causes and on the date stated above.			
23a. SIGNATURE Theodore Fischer M.D. (Degree or title)		23b. ADDRESS Altensburg, Mo.	
23c. DATE SIGNED 12-15-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec, 16 1950		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
24d. LOCATION (City, town, or county) (State) Frohna Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville, Mo. ADDRESS	
DATE REC'D BY LOCAL REG. Dec 18-1950		REGISTRAR'S SIGNATURE Joe J. Zellner 250	

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No.

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Kallace Young*.....

Licensed Embalmer No. *4027*.....

P. O. Address *Perryville*.....

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.