

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4267

State File No.

FILED FEB 28 1951

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 57-1951

No. 300
10.48

280

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

| | | | |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Pauline Township, Town 17</u> | | a. STATE <u>Wise</u> b. COUNTY <u>Jefferson</u> | |
| c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Pauline</u> <u>8480</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3.3 mi. west of Cuba, Mo. on Hwy 66</u> | | d. STREET ADDRESS (If rural, give location) <u>TR. 17</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>IVAN</u> b. (Middle) <u>J</u> c. (Last) <u>Kottwitz</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-51</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>3-8-1930</u> |
| 9. AGE (In years last birthday) <u>20</u> | | IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u> | IF UNDER 11 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Milk Route</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>ITALIAN WISE</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Emil W. Kottwitz</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clara M. Kottwitz</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Single</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> | |
| 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>John P. Dickerson, Ed. Leonard Wood, Mo.</u> | |
| 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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carroll's Jury Verdict in an avoidable accident between their 1947 Chevrolet and a Grey</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Round turn, said accident being due to wet slippery conditions of</u> DUE TO (c) <u>the Highway!</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH <u>68161</u> <u>26</u> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 66, 3.3 mi. W. of Cuba, Mo.</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Pauline, Crawford, Mo.</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-17-51 1 P.M.</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Head On Collision SW. Greyhound Bus + Car</u> | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Paul A. Shanklin</u> (Degree or title) <u>Coroner</u> | | 23b. ADDRESS <u>Cuba, Mo.</u> | |
| 23c. DATE SIGNED <u>2-17-51</u> | | 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE _____ | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Leonard Wood Ave Hosp.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Leonard Wood, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanklin</u> ADDRESS <u>Cuba, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2-17-51</u> | | REGISTRAR'S SIGNATURE _____ | |

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 23 1951

RECEIVED

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 _____
Student Embalmer

Not Embalmed

Student Embalmer No. _____

Signed *Paul J. Franklin*
Licensed Embalmer No. *3472*
P. O. Address *Cuba, 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.