

FILED FEB 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4398

State File No.

BIRTH NO. REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5440 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ADAMS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL (Claytonship)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Quincy</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2026 HAMPSHIRE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u> Died while in route to Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROSS</u>	b. (Middle) <u>VARNER</u>	c. (Last) <u>OTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1/29/51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 3 - 1928</u>	9. AGE (In years last birthday) <u>22</u> Months <u>11</u> Days <u>26</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>College</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ROSS VICTOR OTT</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Varner</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>YES (WAR 2) 1946 to 1948</u>	16. SOCIAL SECURITY NO. <u>338-20-700</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard Zumsteg</u>	ADDRESS <u>Quincy, Ill.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury to chest causing fatal internal hemorrhage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>		<u>28934</u> <u>37</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Auto</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office, etc.) <u>Hwy 28 - Near Bella Mo. Marie's County</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Quincy Adams Ill</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hours) <u>1-29-51 10:05 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car skidded on ice RDR 063</u>

22. I hereby certify that I attended the deceased from 1-29, 1951, to 1-29, 1951, that I last saw the deceased alive on 1-29, 1951, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lueda Bruner, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Owsasville, Mo.</u>	23c. DATE SIGNED <u>1-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quincy Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Quincy-Ill</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 3, 1951</u>	REGISTRAR'S SIGNATURE <u>Dorothy Wallace</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sassmann's Funeral Service-Bland</u>	ADDRESS <u></u>
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MAR 19 1951
1951 MAR 21 1951
MAY 3 1951

FEB 28 1951

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed Chester J. Sisson

Signed.....
Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Blair

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.