

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Linder 195  
State File No. 49

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4481 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lorin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lorin</u>	
c. LENGTH OF STAY (in this place) <u>No years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Town</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES EDMUND</u> b. (Middle) <u>OTTO</u> c. (Last) <u>OTTO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1951</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>May 31 - 1893</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	11. BIRTH PLACE (State or foreign country) <u>Adair County Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Saloman Otto</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Penman</u>	14. NAME OF HUSBAND OR WIFE <u>Amicus Otto</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Amicus Otto</u> ADDRESS <u>Lorin 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>  ANTECEDENT CAUSES 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. <u>Chronic Myocarditis</u>	
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) _____		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 <u>March 4, 1942</u> to <u>Jan 25, 1951</u> , that I last saw the deceased alive on <u>January 25, 1951</u> , and that death occurred at <u>11:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. C. M. Linder</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Lorin Mo</u>	23c. DATE SIGNED <u>Jan. 27, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lorin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lorin Mo</u>
DATE REC'D BY LOCAL REG. <u>2/8/1951</u>	REGISTRAR'S SIGNATURE <u>J. M. Baker</u> 407	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Baker</u> ADDRESS <u>Memphis Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0990

Date Received: FEB 12 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-36  
Date Filed: FEB 15 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.....

Student Embalmer No. 4258

working under my personal supervision.

Student .....  
Student Embalmer

Signed Fred Smith Jr.

Licensed Embalmer No. 4238

P. O. Address Memphis 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.