

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26456

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Coke</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY OR TOWN <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>NEVADA</u>	
c. LENGTH OF STAY (in this place) <u>86 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>629 N. CEDAR</u>	
3. NAME OF DECEASED a. (First) <u>CORA</u> b. (Middle) <u>BEAVER</u> c. (Last) <u>OTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 15 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>April 9 1866</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>CENTER TOWN COKE, MO</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Pate</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY OTT</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mella Smith 704 West Main</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 Weeks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic pneumonia</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured R. Hip - 6/23/51</u>			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HENDERSON KENTUCKY</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 28 - 1951 ? 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>Fell in House</u>	
22. I hereby certify that I attended the deceased from <u>7/21</u> , 19 <u>51</u> , to <u>8/15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/15</u> , 19 <u>51</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. A. Michael D.O.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>8-15-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RITUAL</u>	24b. DATE <u>Aug-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CENTER TOWN Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>CENTER TOWN MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>August 17 - 51</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Cordm. Jefferson City Mo</u>	

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

RECEIVED 8-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-29-51

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 _____

Gideon N. Fouser

Licensed Embalmer No. 4579

P. O. Address Jefferson City

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.