

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30618**

FILED SEP 17 1951

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 70

501
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City 0501</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>Martin</u>	c. (Last) <u>Otto</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1951</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>married</u>	8. DATE OF BIRTH <u>Jan. 29, 1894</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>57 7 -</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P. P. G. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Perryville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Barney Otto</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Green</u>	14. NAME OF HUSBAND OR WIFE <u>Henrietta</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-05-1746</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Otto</u>	ADDRESS <u>Crystal City, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>E802X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>35</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>150</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Railroad track</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Crystal City Jefferson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 29 5/1951</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidental</u>
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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 10:53 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter H. Brown</u>	(Degree or title)	23b. ADDRESS <u>301 Main St. Crystal City, Mo.</u>	23c. DATE SIGNED <u>9/6/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/6/51</u>	REGISTRAR'S SIGNATURE <u>Georgio D. Politti</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Georgio R. Politti</u>	ADDRESS <u>Crystal City, Mo.</u>
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 9-12-51

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

Quintus Politt

Licensed Embalmer No.

3481

P. O. Address

Crystal City, 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.