

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9056**

FILED APR 8 1952

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 57VS		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Macou				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Unknown			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Hudson		c. LENGTH OF STAY (In this place) 1 yr. 9 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Brazil		OR TOWN 8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hydroth Sanatorium				d. STREET ADDRESS (If rural, give location) Unknown			
3. NAME OF DECEASED (Type or Print) a. (First) Otis			b. (Middle) Bertrum		c. (Last) Kattman		4. DATE OF DEATH (Month) (Day) (Year) 3 24 52
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1		8. DATE OF BIRTH 10-26-1872		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY no.		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Christopher Henry Kattman			13b. MOTHER'S MAIDEN NAME Amelia Jarris		14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME Hospital Records			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic Terminal Pneumonia		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Thrombotic Encephalomalacia + cerebral hemorrhage					
		DUE TO (c) Advanced Arteriosclerosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				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) (Min.)		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 4-20 , 19 50 , to 3-24 , 19 52 , that I last saw the deceased alive on 3-24 , 19 52 , and that death occurred at 12:05A.m. , from the causes and on the date stated above.							
23a. SIGNATURE Eldon A. Morgan D.O.				23b. ADDRESS S. H. O. S. Macou, Mo.		23c. DATE SIGNED 3-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/24/52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Terra Haute Ind.	
DATE REC'D BY LOCAL REG. 3/26/52		REGISTRAR'S SIGNATURE Ruth Mcneely		25. FUNERAL DIRECTOR'S SIGNATURE Stephano Godding		ADDRESS Macou, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAGON COUNTY HEALTH DEPARTMENT
County File No. 4. 4. 52
Date Filed 4. 5. 61
4. 5. 52

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.