

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19394**

FILED JUN 16 1952
 BIRTH NO. **34222** REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **154**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS (If rural, give location) 1604 Amelia St.	

3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) SUE c. (Last) OTT			4. DATE OF DEATH (Month) (Day) (Year) June 11, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH June 9, 1952	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Columbia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Roy Ott		13b. MOTHER'S MAIDEN NAME Edna Pearl Kinkade		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME James Roy Ott, Columbia, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 6 mos gestation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **June 9, 1952** to **June 11, 1952**, that I last saw the deceased alive on **June 11, 1952**, and that death occurred at **4:45A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) LeRoy J. Miller M.D.		23b. ADDRESS South Blvd Columbia		23c. DATE SIGNED June 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) Columbia, Mo.					

DATE REC'D BY LOCAL REG. June 11 1952		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		310		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service		ADDRESS Columbia, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0105
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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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Clarence M. Billo

Licensed Embalmer No. *4375*

P. O. Address *Cumtice, 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.