

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34531**

**FILED NOV 15 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **273**

364

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

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>COLE</b>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>JEFFERSON CITY, MO.</b> |  | c. LENGTH OF STAY (in this place)<br><b>36 YRS</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>JEFFERSON CITY</b>                                    |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>821 E HIGH</b>  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>821 E HIGH</b>   |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>HERMAN</b> b. (Middle) <b>HUBERT</b> c. (Last) <b>OTTO</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>NOV. 4, 1952</b> |  |  |
|---|--|--|--|--|--|

|                    |                               |  |  |   |   |  |
|--------------------|-------------------------------|--|--|---|---|--|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>AUG. 10, 1882</b> | 9. AGE (In years last birthday) <b>70</b> | IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>24</b> | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
|--------------------|-------------------------------|--|--|---|---|--|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>BAKER</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br><b>OSAGE COUNTY, MO.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|-----------------------------------|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><b>JOSEPH OTTO</b> | 13b. MOTHER'S MAIDEN NAME<br><b>ELIZABETH WILGES</b> | 14. NAME OF HUSBAND OR WIFE<br><b>JOSEPHINE KLEBBA</b> |
|--|--|--|

|  |   |   |                             |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>490-09-6871</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>MRS. JOSEPHINE OTTO J. C. MO.</b> | ADDRESS<br><b>J. C. MO.</b> |
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|   |  |   |   |
|---|--|---|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Sudden</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>   |   |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis, Heart Disease 2 yrs</b> |   |   |
| DUE TO (c)  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>4200</b> | 20. AUTOPSY?<br>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) (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 **May**, 1950, to **Nov. 4**, 1952, that I last saw the deceased alive on **Oct. 30**, 1952, and that death occurred at **9a.** m., from the causes and on the date stated above.

|  |                   |  |                                    |
|--|-------------------|--|------------------------------------|
| 23a. SIGNATURE<br><b>L. B. Klebba M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>Jefferson City, Mo.</b> | 23c. DATE SIGNED<br><b>11-5-52</b> |
|--|-------------------|--|------------------------------------|

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>NOV. 7, 1952</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>RESURRECTION</b> | 24d. LOCATION (City, town, or county) (State)<br><b>JEFFERSON CITY, MO.</b> |
|--|----------------------------------|---|---|

|   |   |  |                            |
|---|---|--|----------------------------|
| DATE REC'D BY LOCAL REG.<br><b>Nov. 12-52</b> | REGISTRAR'S SIGNATURE<br><b>R. P. Davis M.D. - M.R. O</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Sylvester Gulle</b> | ADDRESS<br><b>J.C. MO.</b> |
|---|---|--|----------------------------|

DEC 4 1952

DEC 12 1952

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 Sydney Dull

Licensed Embalmer No. 4321

P. O. Address Jefferson 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.