

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36025**

FILED OCT 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **79**

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

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY OR TOWN <b>Richmond</b>		c. LENGTH OF STAY (in this place) <b>62 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>304 South Houston</b>		d. STREET ADDRESS (If rural, give location) <b>304 South Houston</b>	
3. NAME OF DECEASED a. (First) <b>James</b> b. (Middle) <b>Fela</b> c. (Last) <b>OTTMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 18, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 19, 1890</b>
9. AGE (In years last birthday) <b>62</b>		10. MONTHS <b>2</b>	11. DAYS <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John F. Ottman</b>	
13b. MOTHER'S MARDEN NAME <b>Fela Newton</b>		14. NAME OF HUSBAND OR WIFE <b>Paul (Killed in World War)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes U.S.A.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Malcolm Ottman</b>		ADDRESS <b>Richmond, Missouri</b>	
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) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>arterio-sclerosis</b> 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 <b>2 hrs</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	
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 <b>Oct 18, 1952</b> , to <b>Oct 18, 1952</b> that I last saw the deceased alive on <b>Oct 18, 1952</b> and that death occurred at <b>5:00 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Malcolm Ottman</b> (Degree or title) _____		23b. ADDRESS <b>Richmond, Mo. 10225</b>	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>October 24, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Feld's Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Ray County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Oct 25-1952</b>		REGISTRAR'S SIGNATURE <b>Malcolm Ottman</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Malcolm Ottman</b>		ADDRESS <b>Richmond, Missouri</b>	

NOV 19 1952

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4086

P. O. Address Richmond, Va

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.