

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**43030**

State File No. ....

No. 300

10.48

**FILED JAN 5 1953**

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 407.

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pettis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>642 East 15th., St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>EMMA</u>	a. (First)	b. (Middle)	c. (Last) <u>OTT</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>December 28, 1952</u>
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<b>5. SEX</b> <u>Fe</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 14, 1878</u>	<b>9. AGE</b> (In years last birthday) <u>74</u>	<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Lake Creek, Missouri</u>	

<b>13a. FATHER'S NAME</b> <u>John Heisterberg</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Gefken</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Walter L. Ott (Deceased)</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Lillian Mosier, Sedalia, Mo.</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <u>Carcinoma of left breast, left arm involved</u>	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Hypotension, S-200-D-90.mm.hg.</u>		<u>2 years.</u>
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>As above stated.</u>	<b>Interval between onset and death</b> <u>Cancer left mammary gland with involvement of left arm.</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Radium or X Ray.</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>No to all.</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury.</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>XXX</u>

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>No injury known of</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Remembers of no injury, to breast.</u>
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**22. I hereby certify that I attended the deceased from** Aug. 2 1952, to December, 28, 1952, at 12:35 PM that I last saw the deceased alive on December, 27, 1952 and that death occurred at 12:35 PM from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>E B Brader, no.</u> (Degree or title)	<b>23b. ADDRESS</b> <u>112 W 4th Street, Sedalia, Mo.</u>	<b>23c. DATE SIGNED</b> <u>12/30/1952</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Dec. 30, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Crown Hill Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Sedalia, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12/30/1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>R Campbell MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W Beckert</u>	<b>ADDRESS</b> <u>Sedalia, Mo</u>
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GILLESPIE FUNERAL HOME

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

1804

0804

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170X

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

*Russell C. Maag*

Licensed Embalmer No. *4807*

P. O. Address *Sedalia, 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.