

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5010

State File No.

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5149 Registrar's No. 7

0130

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

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>Rural Gomer Twp.</u> c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Hamilton</u> <u>0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>OTIS</u>	c. (Last) <u>KAUTZ</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>2</u> <u>25</u> <u>1953</u>

5. SEX <u>U</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-19-1883</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 YEAR	12. UNDER 1 YEAR
<u>Male</u>				<u>69</u>	<u>27</u> Months	<u>6</u> Days	<u>0</u> Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Photographer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Caldwell Co. Mo/ 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hugh Ross Kautz</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine S. Houghton</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Houghton</u> ADDRESS <u>Hamilton MO.</u>
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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		INTERVAL BETWEEN FOREHAND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of 7th Vertebrae in Neck</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident</u> DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>East of Hamilton Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Hamilton 013</u> (COUNTY) <u>Caldwell</u> (STATE) <u>MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2</u> <u>25</u> <u>53</u> <u>6:00</u> PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Hillman</u> (Degree or title) <u>Coroner Caldwell County</u>	23b. ADDRESS <u>Polk Mo</u>	23c. DATE SIGNED <u>2-25-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/27/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New York</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-6-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brian Funeral Home</u> ADDRESS <u>Hamilton Mo</u>
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed..... *R. L. Bran*

Licensed Embalmer No. *4472*

P. O. Address *Hamilton, 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.