

FILED MAY 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17351

5237 State File No. 5235 Registrar's No. 13

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>5-235</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>CEDAR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CEDAR</u>			
b. CITY OR TOWN <u>RURAL CEDAR</u>		c. LENGTH OF STAY (In this place) <u>46</u>		c. CITY OR TOWN <u>RURAL CEDAR 0200</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) <u>AMOS</u> c. (Last) <u>BLACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8 53</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>MAY 20 1869</u>		9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work depending upon most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BUTLER MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>A.H. BLACK</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BLACK</u>		14. NAME OF HUSBAND OR WIFE <u>MANUELLA ELLEDGE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS GRACE BEYDLER LUMAR</u>			
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) <u>Hypertensive Cardio-vascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Chronic Nephritis</u> 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 <u>yes</u> <u>yes</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> 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 <u>4:15 P.M.</u> , to <u>5:40 P.M.</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-4-53</u> , 19 <u>53</u> , and that death occurred at <u>7:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm Butler MD</u> (Degree or title)				23b. ADDRESS <u>Shackleton Mo</u>		23c. DATE SIGNED <u>5-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANNA EDNA</u>		24d. LOCATION (City, town, or county) (State) <u>JERICO SP. MO.</u>		
DATE REC'D BY LOCAL REG <u>5-20-53</u>		REGISTRAR'S SIGNATURE <u>Norma Timmerman</u> <u>418-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Becky Leland Home Sheldon</u>			

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

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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 L. Gerald Beeny

Licensed Embalmer No. 42005

P. O. Address Sheldon 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.