

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34763**

FILED OCT 14 1953

BIRTH NO. _____		REG. DIST. NO. <b>337</b>		PRIMARY REG. DIST. NO. <b>6147</b>		Registrar's No. <b>84</b>			
1. PLACE OF DEATH a. COUNTY <b>SHELBY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>SHELBY</b>					
b. CITY OR TOWN <b>RURAL Ingham Township</b>		c. LENGTH OF STAY (in this place) <b>74 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>1020</b>		OR TOWN <b>0</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>N.E. OF BETHEL, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>8 MILES NORTH EAST OF BETHEL</b>					
3. NAME OF DECEASED (Type or Print) <b>ANNIE</b>		a. (First) <b>BELL</b>		b. (Middle) <b>OTTEN</b>		c. (Last)			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>JAN. 5, 1879</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>SHELBY COUNTY, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>BENJAMIN OTTEN</b>			13b. MOTHER'S MAIDEN NAME <b>HENRIETTA PARROT</b>			14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JESSE H. OTTEN - BETHEL, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary thrombosis</b>				DUE TO (b) <b>chronic hypertension</b>				<b>2 hrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>chronic Nephritis</b>				<b>2 yrs.</b>	
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 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) m.		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 _____, 1951, to <b>Oct. 1</b> , 1953, that I last saw the deceased alive on <b>Oct. 1</b> , 1953, and that death occurred at <b>11:45 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Jesse H. Otten 2 D.O.</b> (Degree or title)				23b. ADDRESS <b>Bethel, Mo.</b>			23c. DATE SIGNED <b>Oct. 3, 1953</b>		
24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/3/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CONCORD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SHELBY COUNTY, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>10-7-53</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		419		25. FUNERAL DIRECTOR'S SIGNATURE <b>MUSGROVE FUNERAL HOME - BETHEL</b> ADDRESS			

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

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OCT 20 1959

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.

Student Embalmer No.....

Signed.....

*Paul E. Hayes*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4461*

P. O. Address. *Shelton, Md*

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.