

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9617**

FILED MAR 23 1954
BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **48**

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

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE WISCONSIN b. COUNTY KENOSHA	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROLLA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KENOSHA	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps County Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 4412 6th AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) Jerome b. (Middle) Richard c. (Last) OTTO			4. DATE OF DEATH (Month) (Day) (Year) March 19 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 17 1933		9. AGE (In years last birthday) 20		10. MONTHS 9 DAYS 2 IF UNDER 1 YEAR IF UNDER 6 HRS. Hours 3 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nash Motors		10b. KIND OF BUSINESS OR INDUSTRY Body Bumper		11. BIRTHPLACE (State or foreign country) KENOSHA WISCONSIN	

12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward OTTO	
13b. MOTHER'S MAIDEN NAME Marie Eichler	
14. NAME OF DECEASED'S WIFE Carol Whitefoot	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 389-30-2003		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edward Otto 4412 6th Ave Kenosha Wis	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
		ANTECEDENT CAUSES DUE TO (b) Basal Skull Fracture		3 hrs	
		DUE TO (c) Scalp Contusions - Lacerations (Bleeding from left ear, mouth) Fractured Ribs Dislocated Left Shoulder			
11. OTHER SIGNIFICANT CONDITIONS					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 66		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Knobview Crawford MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 19 1954 4a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? One Car Accident 028	

22. I hereby certify that I attended the deceased from **19 MAR, 1954**, to **19 MAR, 1954**, that I last saw the deceased alive on **19 MAR, 1954**, and that death occurred at **6:50 Am.**, from the causes and on the date stated above.

23a. SIGNATURE R. N. Green Jr MD (Degree or title)		23b. ADDRESS 213 West 8 Rolla Mo.		23c. DATE SIGNED 19 MAR 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 23 1954		24c. NAME OF CEMETERY OR CREMATORY Green Ridge Cemetery	
24d. LOCATION (City, town, or county) (State) Kenosha Wisconsin					

DATE REC'D BY LOCAL REG. Mar. 19 1954		REGISTRAR'S SIGNATURE Nadine L. Stall 390		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman C. Aueron Cuba, Missouri	
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County File Number
Date Filed 3/22/54

MAR 29 1954

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 *Harmon C. Hoener*

Signed.....
Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Cuba, Missouri*

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.