

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

16316

State File No. _____

Registrar's No. 78

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>1 yr. 5 mo</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2516 Hardesty</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Bertis</u> c. (Last) <u>Ottman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/4/1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>12/5/1889</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 18 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>/</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dry Cleaner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>East Side Cleaners, Garnett, Kans</u>			

13a. FATHER'S NAME <u>Leni OTTMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA Alice Miller</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA OTTMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>496-03-9244A -</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Pathology</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) <u>Arterio Sclerosis</u>					
		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 <u>4500</u>				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) (Min) _____		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 Dec. 7, 1953, to May 4, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 7:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clair W. Wernon, M.D.</u>		23b. ADDRESS <u>Jackson County Hospital</u>		23c. DATE SIGNED <u>5-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/7/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fiscal Hills</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>5/6/54</u>		REGISTRAR'S SIGNATURE <u>M. Blomquist</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McGilley-Bylar</u>		ADDRESS <u>493</u>			

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

No. 300
10-48

FILED MAY 17 1954

Handwritten notes:
7000
0

Handwritten notes:
2348
1

MAY 3 1932

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.....

James Hublen
Licensed Embalmer No. 1573

P. O. Address.....

R. O. Ho

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.