

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

23445

State File No. _____

No. 300
10-48

FILED AUG 2 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5595</u>		Registrar's No. <u>57</u>					
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Jeff</u>			
b. CITY OR TOWN <u>Rural-Rock Twp.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Crystal City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				e. STREET ADDRESS (If rural, give location) <u>214 County Rd. 50</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>			b. (Middle) <u>W.</u>			c. (Last) <u>Otto</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1954</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>white</u>					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>			8. DATE OF BIRTH <u>July 24, 1935</u>			9. AGE (In years last birthday) <u>18</u> Months <u>11</u> Days <u>28</u> Hours <u></u> Mins. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STORE CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>DRUG STORE</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Crystal City, Mo.</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Thomas Otto</u>			13b. MOTHER'S MAIDEN NAME <u>Henrietta Smith</u>					
14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>492-76-5644</u>					
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas Otto</u>			ADDRESS <u>Crystal City, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Met his death by felony</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Committed John Phillips</u> DUE TO (c) <u>(Gun Shot Wound)</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 _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>murder</u>		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) <u>July 19, 1954 7 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun Shot</u>							
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 <u>4 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>V. B. Edwards M.D. Coroner</u>				23b. ADDRESS <u>Cedar Hill, Mo.</u>				23c. DATE SIGNED <u>July 23, 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>		24d. LOCATION (City, town, or county) <u>Crystal City, Mo.</u>		(State) _____			
DATE REC'D BY LOCAL REG. <u>7/24/54</u>		REGISTRAR'S SIGNATURE <u>Ruth J. Isaac</u>		438		GENERAL DIRECTOR'S SIGNATURE <u>Benjamin R. Solarte</u>		ADDRESS <u>Crystal City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

500
1

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 27 1954

AUG 5

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.....
Signature of Student Embalmer

Signed... *Georgy R. Polite*

Licensed Embalmer No. *34*

P. O. Address *Crystal*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.