

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005762

STATE FILE NUMBER

999

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, Rural		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		Length of stay in 1b 21 Days	d. STREET ADDRESS (If outside, give location) 2821 W. 51st. Terr		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ASA TILFORD OTTINGER			4. DATE OF DEATH Month Day Year 2 22 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 15 1881		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Postoffice		11. BIRTHPLACE (City and state or country) Batesville, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A			13a. FATHER'S NAME Joseph Ottinger		
13b. MOTHER'S MAIDEN NAME Sarah Adeline Davis			14. NAME OF HUSBAND OR WIFE Ella E. Ottinger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Mrs. Ella E. Ottinger - 2821 W. 51st Terr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Chronic of the Sigmoid DUE TO (c) Prostatic hypertrophy with trans urethral resection PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1958					INTERVAL BETWEEN ONSET AND DEATH 1 month 1 1/2 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-30-1958 to 2-22-58 and last saw ^{him} alive on 2-22-1958 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) P. M. Nurn M.D.			22b. ADDRESS 1401 SW Blvd K.C. Kan		22c. DATE SIGNED 2-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-25-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels, Inc K. C. Mo			25. DATE RECD. BY LOCAL REG. 2-24-58		26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P. M. Nurn

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no relation to the disease in Part I must be causally related.

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Health, Welfare and Public Service



Handwritten notes:
after 1:30 pm
2-0-45
K. K. K.
M. M. M.
M. M. M.

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 *[Handwritten Signature]*

Licensed Embalmer No. *5938*

P. O. Address *K. K. K.*

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.