

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018464

STATE FILE NUMBER

FILED JUN 11 1959

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 22-59

300
1-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri CITY OR TOWN Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Elizabeth Mo		c. CITY OR TOWN St. Elizabeth,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osage Twp		d. STREET ADDRESS (If outside, give location) Osage Twp	
3. NAME OF DECEASED (Type or print) First Middle Last George Anthony Otto			4. DATE OF DEATH Month Day Year 6/4/59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/29/57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cole Co. Mo
13a. FATHER'S NAME George Otto		13b. MOTHER'S MAIDEN NAME Catherine Otto	14. NAME OF HUSBAND OR WIFE none
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.	17. INFORMANT Address George Otto St. Elizabeth, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basilar skull fracture Severe laceration of brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 9/20 DUE TO (c) 22			INTERVAL BETWEEN ONSET AND DEATH immediate immediate
20a. ACCIDENT <input checked="" 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.) motor grader wheel ran over child's head	
20c. TIME OF INJURY Hour Month, Day, Year 8 a.m. 6-4-59		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Miller county, Missouri	
21. I attended the deceased from on June 4, 1959 and last saw her alive on 8:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy Registrar) Herman W. Abelt Acting Coroner		22b. ADDRESS Tuscumbia, Missouri	22c. DATE SIGNED 6/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/6/59	23c. NAME OF CEMETERY OR CREMATORY St. Anthony	23d. LOCATION (City, town, or county) (State) Iberia, Mo
24. FUNERAL DIRECTOR ADDRESS Hedges Funeral Homes Iberia, Mo		25. DATE RECD. BY LOCAL REG. 6-6-1959	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

20

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 *Walter P. Wedges*

Licensed Embalmer No. *4260*
P. O. Address *Vernon, Mo.*

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.