

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1960

-60-020344

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 189

ENDED

| | | | | | | | |
|---|--|--|---|---|--|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u> | | Length of stay in 1b <u>63 yrs</u> | | c. CITY OR TOWN <u>Sedalia</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>516 East 12th</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>Elizabeth</u> Last <u>Ott</u> | | | | 4. DATE OF DEATH Month <u>May</u> Day <u>19</u> Year <u>1960</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>5-12-1927</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Circulation Manager</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u> | | 11. BIRTHPLACE (City and state or country) <u>Hannibal Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Porter Davis</u> | | | | 13b. MOTHER'S M maiden NAME <u>Elizabeth Snowden</u> | | 14. NAME OF HUSBAND OR WIFE <u>George W. Ott</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>491-07-5679</u> | | 17. INFORMANT <u>Mrs Goldie Kerner</u> Address <u>Sedalia</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u> DUE TO (b) <u>Hip surgery</u> DUE TO (c) <u>Hip fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 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.) <u>Fell in home.</u> | | | |
| 20c. TIME OF INJURY Hour <u>7:00 P.</u> a.m. <u>5/1/60</u> p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <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.) <u>Home</u> | | 20f. CITY, TOWN, OR LOCATION <u>Sedalia</u> COUNTY <u>Pettis</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>5/2/60</u> to <u>5/19/60</u> and last saw her alive on <u>5/18/60</u> Death occurred at <u>9:36</u> A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (In case or title) <u>Paul A. Jones MD</u> | | | | 22b. ADDRESS <u>101 1/2 S. Ohio Sedalia, Mo.</u> | | | 22c. DATE SIGNED <u>5/20/60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5-21-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u> | | 23d. LOCATION (City, town, or county) <u>Sedalia Mo</u> | | (State) |
| 24. FUNERAL DIRECTOR <u>McLaughlin Bros Sedalia</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>May 20 1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

STATEMENT BY LICENSED EMBALMER

JUN 14 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Tempel

Licensed Embalmer No. 5089

P. O. Address Sedalia, 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.