AMENDED APR 4 1961 1. PLACE OF DEATH a. COUNTY Ray b. CITY (if outside corporate limits, give IOWNSHIP only) TOWN Richmond Township c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR	22O(vision of HEALTH — STANDARD CERTIFICATE (Registration District No. 297 Primary Registration District No. 40	<u>51-010240</u>
a. COUNTY Ray b. CITY (if outside corporate limits, give IOWNSHIP only) TOWN Richmond Township c. FULL NAME OF (if NOT in hospital, give location) INSTITUTION Ray County Memorial Hosp. S. SEX b. CITY (if outside corporate limits, give IOWNSHIP only) C. FULL NAME OF (if NOT in hospital, give location) INSTITUTION Ray County Memorial Hosp. S. SEX c. FULL NAME OF DECEASED Institution Ray County Memorial Hosp. S. SEX c. COLOR OR RACE INSTITUTION RAY COLOR OR RACE INSTITUTION C. CITY ORN Ray County Ray County Months C. CITY ORN Inside Limits C. CITY ORN Reside on Farm ADDRESS Last (If cutside, give location) Reside on Farm Address Ves. No. Reside on Farm Address CYENT NOTHMAN DEATH HATCH 27, 1961 S. SEX A. COLOR OR RACE Widowed Divorced 2/3/1890 71 INSIGNATION RAY Months Days Hours Minute Last A. DATE Month Day Year North OPEAN HATCH Months Devs Hours Months Days Hours Minute Last Address Inside Limits Ves. No. Reside on Farm Address Last A. DATE Month Day Year OPEAN HATCH Address Months Days Hours Minute Last A. DATE Months Day Year North DEATH HATCH 27, 1961 S. SEX A. DATE ADATE ADA	AME	NDED	F	<u>LED APR 4 1961</u>	
Barried County					· II
3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year OF	ᇣᅵᆝ	i	1	a. COUNTY Ray	a. STATE Missouri Ray admission)
3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF	2				
3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF		!			
3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF	<u> </u>	i I		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits	d. STREET (If outside, give location) Reside on Farm
NINA ETHEL OTTMAN OF DEATH March 27, 1961 5. SEX 6. COLOR OR RACE Widowed Divorced 2/3/1890 71 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE OWN home Ray County, Mo. U.S.A. 13a. FATHER'S NAME Luther A. Hendrix Months Mollie Shirley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no no or unknown) (If yes, give war or dates of service) None 18. CAUSE OF DEATH (Enter only one cause per line 10.5), (b), and (c). PART 1. DEATH WAS CAUSED BY: NINA ETHEL OTTMAN OTTMAN OTTMAN B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 PMonths None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Ray County, Mo. U.S.A. 14. NAME OF HUSBAND OR WIFE J. Frank Ottman Address None 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no no or unknown) (If yes, give war or dates of service) None None 18. CAUSE OF DEATH (Enter only one cause per line 10.5), (b), and (c). PART 1. DEATH WAS CAUSED BY: None None None None None None OTTMAN P. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 PMonths Months Days Hours Min Min 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Ray County, Mo. U.S.A. 14. NAME OF HUSBAND OR WIFE J. Frank Ottman None None None None None None None INTERVAL BETWEEN ONSET AND DEATH	DATE			INSTITUTION Ray County Memorial Hosp. Yes No X	ADDRESS 438 S. Shaw St.
NINA ETHEL OTTMAN DEATH March 27, 1961 5. SEX 6. COLOR OR RACE Widowed Divorced Divorced 2/3/1890 71 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE Tas. FATHER'S NAME Luther A. Hendrix Months Devin Home Note of Husband Or Wife Luther A. Hendrix Mollie Shirley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no No unknown) (If yes, give war or dates of service) None 18. CAUSE OF DEATH (Enter only one cause per ling 150 h), (b), and (c). PART I. DEATH WAS CAUSED BY: None OTTMAN B. DATE OF BIRTH P. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 YEAR IN UNDER 2					Last 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE White Widowed Divorced 2/3/1890 71 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE Luther A. Hendrix 13b. MOTHER'S MANE Luther A. Hendrix Mollie Shirley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no No unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per ling 10s), (b), and (c). PART I. DEATH WAS CAUSED BY: Widowed Divorced 2/3/1890 71 10. DATE OF BIRTH 9. AGE (last birthday) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (City and state or country) 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no No unknown) (If yes, give war or dates of service) None 18. CAUSE OF DEATH (Enter only one cause per ling 10s), (b), and (c). PART I. DEATH WAS CAUSED BY: 18. TABLE OF BIRTH 9. AGE (last birthday) 19. AGE (last birthday) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. NAME OF HUSBAND OR WIFE 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no no no unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per ling 10s), (b), and (c). PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per ling 10s), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per ling 10s), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per ling 10s), (b), and (c).	'	}			
Female White Widowed Divorced 2/3/1890 71 Months Deys Hours Min 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE Own home Ray County, Mo. U.S.A. 13s. FATHER'S NAME Luther A. Hendrix Mollie Shirley J. Frank Ottman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no no unknown) (If yes, give war or dates of service) None J. Frank Ottman, Richmond, Mo. 18. CAUSE OF DEATH (Enter only one cause per ling 15/16), (b), and (c). PART I. DEATH WAS CAUSED BY:			i i		
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWISE Own home Ray County, Mo. U.S.A. 13s. FATHER'S NAME Luther A. Hendrix Mollie Shirley J. Frank Ottman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no no no unknown) (If yes, give war or dates of service) None 18. CAUSE OF DEATH (Enter only one cause per ling 15th), (b), and (c). PART 1. DEATH WAS CAUSED BY:	[Widowad Cl Divorced C	Months Days Hours Min.
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Luther A. Hendrix Social Security No. 13. Frank Ottman				during most of working life, even if retired)	
Luther A. Hendrix Mollie Shirley J. Frank Ottman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no No unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None J. Informant J. Frank Ottman, Richmond, Mo. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH	i !	1			
(Yes, no No unknown) (If yes, give war or dates of service) None J. Frank Ottman, Richmond, Mo. 18. CAUSE OF DEATH (Enter only one cause per line (to b), (b), and (c). PART I. DEATH WAS CAUSED BY:	!				Y
				(Yes, no or unknown) (If yes, give war or dates of service) None	
			-	18. CAUSE OF DEATH (Enter only one cause per line 150 a), (b), and (c).	INTERVAL BETWEEN
Conditions, if any, which gave rise to above cause (a)					July to - to -
Conditions, if any, which gave rise to above cause (s)	Ō		131	INDIVIDUAL CHOSE (8)	2 VIII MARKET
which gave rise to	8		Ŕ	Conditions if any 2 DIJE TO /h)	
				which gave rise to	
12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u> </u> <u> </u>	Ц.		stating the under-	
					ATH but not related to the terminal PAPT III If decreased was famile we
disease ondition given in PART I (a) there a pregnancy in last 90 da				disease andition given in PART I (a)	there a pregnancy in last 90 days
☐ Yes ☐ No ☐ Unknor				[4] Xiabeles mellilus	☐ Yes ☐ No ☐ Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease and the programment of the				19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE H	OW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
]]		ı		
			l	INJURY a.m.	
			l	[&]	201 CITY TOWN OF LOCATION COUNTY STATE
WHILE AT WORK ☐ farm, factory, street, office bldg., etc.)		ľ	l	WHILE AT WORK ☐ farm, factory, street, office bldg., etc.)	SIATE
NOT WHILE AT WORK	ا اما		l	NOT WHILE AT WORK []	
21. I attended the deceased from 1934, to death and last saw her alive on 3-27-6/	∰		l	21. I attended the deceased from 1934, to	ath and last saw her slive on 3-17-6/
Death occurred at	اڭا		l	Death occurred at 1:30 p. m on	the date stated above, and to the best of my knowledge, from the causes stated.
Degree or title) 229 ADDRESS) 22c. DATE SIGN	<u> </u>		L.		225 ADDRESS 22c. DATE SIGNED
	<u></u> 울			Fig. Cover ww	
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City) Jown, or county) (State)	\vdash		Į⋛ I		REMATORY 23d. LOCATION (City) Jown, or county) (State)
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City) Jown, or county) (State) Burial Mar. 30, 1961 Richmond Memory Gardens Richmond, Mo. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	일		문	Rimial Mar. 30 1961 Richmond Memory	Gardens Richmond, Mo.
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	[₹		AF.	Duries	
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Thurman Funeral Home, Richmond, Mo. 4-2-1961 Walsel Grackeyn			놂	Thurman Funeral Home, Richmond, Mo. H.	2-1961 malel On born
(Licensed Embalmer's Statement on Reverse Side)	;	ı	•		ement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

SICHSVX.			, Student Embalmer No
working under my personal supervision	1.		
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itudent		Signed Leve	and Thurman
Signature of Student Em			

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.'

P. O. Address Richmond, Mo.

If this body is not embalmed, fact should be so stated above.