

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-030443**

STATE FILE NUMBER

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 203

**FILED AUG 23 1961**

|                                                                                                                                                                                                                                        |                                                                                                                      |                                                                                                                                                             |                                                                                                                                                           |                                                    |                                                                                                                                                                      |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saint Charles</b>                                                                                                                                                                                    |                                                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |                                                                                                                                                           |                                                    |                                                                                                                                                                      |                              |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Saint Charles</b>                                                                                                                                              |                                                                                                                      | Length of stay in 1b<br><b>30 min.</b>                                                                                                                      | c. CITY OR TOWN <b>St. John's</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |                                                    |                                                                                                                                                                      |                              |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>                                                                                                                               |                                                                                                                      | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | d. STREET ADDRESS (If outside, give location)<br><b>9160 Ramona</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                    |                                                                                                                                                                      |                              |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Daryle</b> Middle <b>Alan</b> Last <b>Kottman</b>                                                                                                                                   |                                                                                                                      |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <b>Aug.</b> Day <b>15,</b> Year <b>1961</b>                                                                                     |                                                    |                                                                                                                                                                      |                              |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                  | 6. COLOR OR RACE<br><b>White</b>                                                                                     | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 24, 1956</b>                                                                                                                 | 9. AGE (last birthday)<br><b>4</b>                 | IF UNDER 1 YEAR<br>Months Days Hours Min.                                                                                                                            | IF UNDER 24 HR<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>none</b>                                                                                                                             |                                                                                                                      | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>                                                                                                            | 11. BIRTHPLACE (City and state or country)<br><b>Troy, Missouri</b>                                                                                       |                                                    | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                         |                              |
| 13a. FATHER'S NAME<br><b>Leandrus James Kottman</b>                                                                                                                                                                                    |                                                                                                                      | 13b. MOTHER'S MAIDEN NAME<br><b>Dorothy Viola Zykan</b>                                                                                                     |                                                                                                                                                           | 14. NAME OF HUSBAND OR WIFE<br><b>none</b>         |                                                                                                                                                                      |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                               |                                                                                                                      | 16. SOCIAL SECURITY NO.<br><b>none</b>                                                                                                                      | 17. INFORMANT<br>Address<br><b>Dorothy Kottman, St. John's, Mo</b>                                                                                        |                                                    |                                                                                                                                                                      |                              |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>drowning</b>                                                                                        |                                                                                                                      |                                                                                                                                                             |                                                                                                                                                           |                                                    | INTERVAL BETWEEN ONSET AND DEATH<br><b>minute</b>                                                                                                                    |                              |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)                                                                                                                 |                                                                                                                      |                                                                                                                                                             |                                                                                                                                                           |                                                    |                                                                                                                                                                      |                              |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                              |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)<br><b>victim waded out into water over</b>                   |                                                    |                                                                                                                                                                      |                              |
| 20c. TIME OF INJURY<br><b>1:20</b><br>Hour <b>1</b> p.m.                                                                                                                                                                               | Month, Day, Year<br><b>8/15/61</b>                                                                                   | his head.                                                                                                                                                   |                                                                                                                                                           |                                                    |                                                                                                                                                                      |                              |
| 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.)<br><b>Sun Tan Beach</b>     |                                                                                                                                                             | 20f. CITY, TOWN, OR LOCATION<br><b>St. Charles, County, Missouri</b>                                                                                      |                                                    | STATE                                                                                                                                                                |                              |
| 21. I attended the deceased from <b>held view</b> to <b>Aug. 15, 1961</b> and last saw her/him alive on _____<br>Death occurred at <b>1:45 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                                      |                                                                                                                                                             |                                                                                                                                                           |                                                    |                                                                                                                                                                      |                              |
| 22a. SIGNATURE<br><i>Francis R. Amalant</i> (Degree or title)<br><b>Coroner</b>                                                                                                                                                        |                                                                                                                      |                                                                                                                                                             | 22b. ADDRESS<br><b>Saint Charles, Mo.</b>                                                                                                                 |                                                    | 22c. DATE SIGNED<br><b>8/15/61</b><br>(State)                                                                                                                        |                              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                            | 23b. DATE<br><b>Aug. 15, 1961</b>                                                                                    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lake Charles Cemetery</b>                                                                                          | 23d. LOCATION (City, town, or county)<br><b>St. Louis Co., Mo.</b>                                                                                        |                                                    |                                                                                                                                                                      |                              |
| 24. FUNERAL DIRECTOR<br><b>Baummann Bros. Inc., Overland, Mo.</b>                                                                                                                                                                      |                                                                                                                      |                                                                                                                                                             | ADDRESS                                                                                                                                                   | 25. DATE RECD. BY LOCAL REG.<br><b>Aug 16 - 61</b> | 26. REGISTRAR'S SIGNATURE<br><i>Marceena Wilson</i>                                                                                                                  |                              |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

AUG 24 1961

**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 David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Cherland

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.