# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-016002
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 45

FILED MAY 7 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 621 | | |
| 2 | 940 | | |
| 3 | | | |
| 4 | 1 | | |
| 5 | 1 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 0 | | |
| 9 | 420.1 | | |
| 10 | | | |
| 11 | | | |
| 12 | 91-2 | | |
| 13 | 1-0 | | |

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fredericktown
Length of stay in 1b: 1½ hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Optometrist Office
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Elvins R. R. #1
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Highway 8
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Bertha Middle: Ellen Last: Otto

4. DATE OF DEATH: Month: April Day: 30 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 29, 1901
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James Rutter
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND ~~OR WIFE~~: Alex Otto

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.: None
17. INFORMANT: Dr. Carmack, Fredericktown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Myocardial Infarction | sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Coronary Occlusion Thrombosis | 1-2 months |
| DUE TO (c) | Arteriosclerosis | yrs - |

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1961 to April 30, 1962 and last saw her alive on April 27 1962
Death occurred at 2:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F W Burpan DO,
22b. ADDRESS: Flat River Mo
22c. DATE SIGNED: 5/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-2-1962
23c. NAME OF CEMETERY OR CREMATORY: Wallen Cemetery
23d. LOCATION (City, town, or county) (State): Washington Co. Missouri

24. FUNERAL DIRECTOR: C.Z. Boyer & Son
ADDRESS: Desloge, Mo.
25. DATE RECD. BY LOCAL REG.: 5-2-1962
26. REGISTRAR'S SIGNATURE: Florence Richard

(Licensed Embalmer's Statement on Reverse Side)

**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 B. T. Boyer

Licensed Embalmer No. 3 6 6 0

P. O. Address Desloge, Missouri

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.