MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-035514
STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5816 Registrar's No. 61

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0710
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4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Otterville — Length of stay in lb all Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 miles S of Otterville — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Morgan
c. CITY OR TOWN Otterville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 miles S of Otterville — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Louisa Middle JANE Last HOTSENPILLER

4. DATE OF DEATH Month SEPT Day 17 Year 1962

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-18-1894
9. AGE (last birthday) 88 — 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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Morgan Co.
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Bletcher Dinwiddie
13b. MOTHER'S MAIDEN NAME Martha J. Finley
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Ed M. Address Eklog. Kansas City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Recurrent Cerebral Hemorrhage & Crises — 3 mo.
DUE TO (c) Arteriosclerosis (Cerebral & General) — many years

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 1960, to 9/17/62 and last saw her/him alive on 9/17/62
Death occurred at 5:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. V. Benzia DO
22b. ADDRESS Otterville, Mo
22c. DATE SIGNED 9/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 19, 1962
23c. NAME OF CEMETERY OR CREMATORY Smithton Ceme
23d. LOCATION (City, town, or county) (State) Smithton Mo

24. FUNERAL DIRECTOR Hays-Painter, ADDRESS Otterville Mo
25. DATE RECD. BY LOCAL REG. 9-19-62
26. REGISTRAR'S SIGNATURE J. L. Washburn

(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_____ Signed Robert L. Painter

Signature of Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Atterville, 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.