

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045884

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 705

FILED DEC 18 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY <u>Boone</u>  |   | a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>   |   | Length of stay in 1b <u>61 Years</u>   | c. CITY OR TOWN <u>Columbia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>Route 4</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |
| 3. NAME OF DECEASED (Type or print) First <u>OTTO</u> Middle <u>DOTHAGE</u> Last  |   |  | 4. DATE OF DEATH Month <u>December</u> Day <u>12</u> Year <u>1962</u>   |
| 5. SEX <u>Male</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>7-20-1874</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>   | 9. AGE (last birthday) <u>88</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  |
| 11. BIRTHPLACE (City and state or country) <u>Warren Co., Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME <u>Julius Dothage</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Christina Hasse</u>   | 14. NAME OF HUSBAND OR WIFE <u>Dena Lieneke</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>None</u>  | 17. INFORMANT Address <u>Mrs. August Kissinger, Washington, Mo.</u>   |
| 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 <u>undefinite</u>  |
| IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>   |   |  |   |
| DUE TO (b) <u>Progressive Physical deterioration</u>  |   |  |   |
| DUE TO (c)  |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pt malnourished feeble</u>   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input 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.)   |   |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 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 <u>11 Dec 62</u> to <u>12 Dec 62</u> and last saw her/him alive on <u>11 Dec 62</u> . Death occurred at <u>approx 2:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE (Degree or title) <u>James Cunningham MD</u>   |   | 22b. ADDRESS <u>1009 Cherry Columbia, Mo.</u>  | 22c. DATE SIGNED <u>14 Dec 62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>12-14-1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Hartsburg Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Hartsburg, Missouri</u>  |
| 24. FUNERAL DIRECTOR ADDRESS <u>Parker Funeral Service, Columbia, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>Dec 14 1962</u>  | 26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI

**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 George A. Kirby

Licensed Embalmer No. 4752

P. O. Address Columbia

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.