

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020824

STATE FILE NUMBER

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 21-63

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED JUN 13 1963</b>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u>	Length of stay in 1b <u>21 days</u>
c. CITY OR TOWN <u>Tuscumbia</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphreys Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>SHARON OTTO</u>	
4. DATE OF DEATH Month Day Year <u>June 2 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-11-1963</u>
9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months <u>21</u> Days <u>21</u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>
11. BIRTHPLACE (City and state or country) <u>Tuscumbia, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George John Otto</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Wieberg</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>  </u>	
17. INFORMANT Address <u>George J. Otto Iberia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio Vascular Circulatory failure</u>	
DUE TO (b) <u>Non Viable Prematurity</u>	
DUE TO (c) <u>  </u>	
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. <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>5-11-63</u> to <u>6-2-63</u> and last saw her alive on <u>6-2-63</u> Death occurred at <u>12:30 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) <u>Mrs. Humphrey D.O.</u>	
22b. ADDRESS <u>Tuscumbia, Mo.</u>	
22c. DATE SIGNED <u>6-4-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 3, 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>St. Anthony Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>St. Anthony, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Scrivner-Stevinson Iberia, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>June 6, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>	

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DATE AMENDED  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

**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 Jay L. Steinson

Licensed Embalmer No. 5201

P. O. Address Meriden, 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.

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