

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

44231  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Wemissot Registration District No. 653  
 (b) Township Braggadocio Primary Registration District No. 5871  
 (c) City Braggadocio (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 1 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Orval Ottinger

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18, 1928</u>		
7. AGE	YEARS <u>11</u>	MONTHS <u>10</u>
	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>School Boy</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Friendship Tenn</u>		
FATHER	13. NAME <u>I.A. Ottinger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>White Town Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Bessie Higger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT <u>I.N. Ottinger</u> (ADDRESS) <u>Steele, Mo. R #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Zion Cem</u> DATE <u>July 16, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>German Undt Co. Steele, Mo.</u>		
20. FILED <u>12/27 1939 Pearl Kelley</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939 to July 16, 1939  
 I last saw him alive on 7/15, 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
This Certifies  
 Other contributory causes of importance: None  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) T. Denton, M. D.  
 (Address) Braggadocio, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 7.  
50M-P-19-38  
I X 16605

RECEIVED

District Health Officer No. 3,

District File Number 140-791

Date Filed 1/18/40

---

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**