No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9266

BIRTH NO. FILED APR 6 1954 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL FREEDOM
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Mi EAST OF CONCORDIA, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: LAFAYETTE 0540
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL FREEDOM TWP.
d. STREET ADDRESS (If rural, give location): 2 Mi. EAST OF CONCORDIA, MO

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): C.
c. (Last): OETTING

4. DATE OF DEATH (Month) (Day) (Year): MARCH 26 1954

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: Aug. 27. 1869
9. AGE (In years last birthday): 84
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): CONCORDIA, MO
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: HENRY HANDERMEYER
13b. MOTHER'S MAIDEN NAME: CHARLOTTE FRERKING
14. NAME OF HUSBAND OR WIFE: WILLIAM H. OETTING Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: MRS. THEO DIERKING
ADDRESS: CONCORDIA, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES — DUE TO (b): — — INTERVAL: —

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c): — — INTERVAL: —

II. OTHER SIGNIFICANT CONDITIONS: — — INTERVAL: —

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 331 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 2/21/, 1936, *to* 3/26/, 1954, *that I last saw the deceased alive on* 3/26/, 1954, *and that death occurred at* 10:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edmund Fossack M.D.
23b. ADDRESS: Concordia, Mo.
23c. DATE SIGNED: 3/27/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/29/54
24c. NAME OF CEMETERY OR CREMATORY: ST. PAULS CEMETERY
24d. LOCATION (City, town, or county) (State): CONCORDIA. MO

DATE REC'D BY LOCAL REG.: March 29-54
REGISTRAR'S SIGNATURE: Clayton H. Landrum
25. FUNERAL DIRECTOR'S SIGNATURE: E. A. James
ADDRESS: Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1955

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 Mr

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed E. S. Jones

Licensed Embalmer No. 2058

P. O. Address Concordia, 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 this body is not embalmed, fact should be so stated above.