. No. 300
. 10-48

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3699

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 1

1090
1

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

1. PLACE OF DEATH
a. COUNTY Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Charrette
c. LENGTH OF STAY (in this place) 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 miles West Marthasville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Charrette 1090
d. STREET ADDRESS (If rural, give location) 3 miles West Marthasville 0

3. NAME OF DECEASED (Type or Print)
a. (First) Benjamin
b. (Middle) William
c. (Last) Ottermann

4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Oct. 31, 1888
9. AGE (In years last birthday) 66 — 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) ?Farmer
10b. KIND OF BUSINESS OR INDUSTRY Grain Farm
11. BIRTHPLACE (State or foreign country) Marthasville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William Ottermann
13b. MOTHER'S MAIDEN NAME Elizabeth Lutkemeyer
14. NAME OF HUSBAND OR WIFE Hilda Ottermann

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. None
17. INFORMANT'S SIGNATURE OR NAME Frank Ottermann, Marthasville, Mo. ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic insufficiency

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sudden death

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4211
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) Marthasville (COUNTY) Warren (STATE) Mo
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 _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__ and that death occurred at 10:10 P m., from the causes and on the date stated above.*

23a. SIGNATURE F. H. Knigge DC (Degree or title) (Coroner)
23b. ADDRESS Warrenton Mo
23c. DATE SIGNED 1-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/19/55
24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
24d. LOCATION (City, town, or county) Marthasville, Mo. (State)

DATE REC'D BY LOCAL REG. Jan 18/55
REGISTRAR'S SIGNATURE M C Johnson 334
25. FUNERAL DIRECTOR'S SIGNATURE D. F. Lichtenberg. ADDRESS Marthasville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Delmont F. Luchtenberg

Signed.....
Student Embalmer

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.