

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26835

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 7873			
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora			c. LENGTH OF STAY (in this place) 4 Days		c. CITY OR TOWN Billings, Rt. 2		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital				e. STREET ADDRESS (If rural, give location) "Rural" Folk.				0220 1	
3. NAME OF DECEASED (Type or Print) EUGENE LEONARD (BUTCH) OETKER			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 29, 1894		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Billings, Missouri			12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Henry Oetker			13b. MOTHER'S MAIDEN NAME Gusie Yeager			14. NAME OF HUSBAND OR WIFE Dora Ebersold			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 500-58-7367		17. INFORMANT'S SIGNATURE OR NAME Mrs. E. L. Oetker, Billings, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 2 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor. Pulmonae		II. OTHER SIGNIFICANT CONDITIONS Cordiae insuffic						Disease of the heart	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Delay Abdominal respiratory / Aug. 29 / 58						Cholecyctitis	
19a. DATE OF OPERATION Aug 29 / 55		19b. MAJOR FINDINGS OF OPERATION Appendicitis, Cholecyctitis, Cholelithiasis						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 584 X					
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Aug 29, 1955, to Sep. 1, 1955, that I last saw the deceased alive on Sep. 1, 1955, and that death occurred at 3:05 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) McCallum M.S.			23b. ADDRESS 315 W. Madison Ave. Mo. Sept 2 / 55			23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 3 - '55		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		24d. LOCATION (City, town, or county) (State) Billings, Missouri			
DATE REC'D BY LOCAL REG. 9-8-55		REGISTRAR'S SIGNATURE Ora Mc Natt 1572			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clever, Mo.				

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

JAN 29 1963

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..... *J. Jean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clewer, 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.