

pt. Health,
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S. Public
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **43168**

FILED DEC 3- 1957

Registration District No. **323** Primary Registration District No. **6090** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY OR TOWN EMMA	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EMMA	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EAST MAPLE ST		Length of stay in lb 15 yrs	d. STREET ADDRESS (If outside, give location) EAST MAPLE ST.

3. NAME OF DECEASED (Type or print) First Middle Last EMMA MARTHA ROSE OETTING			4. DATE OF DEATH Month Day Year NOV 24 1957		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 9. 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) PERYVILLE MO	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME C. H. DEMETRIO	13b. MOTHER'S MAIDEN NAME EMMA KRUSE	14. NAME OF HUSBAND OR WIFE MARTIN F. OETTING DR
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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. No	17. INFORMANT ROBERT OETTING	Address EMMA MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contract intestinal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of Stomach		6 wks.
	DUE TO (c) 151X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 1954 to 1957 and last saw her alive on 11-21-57 Death occurred at 10:10 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Declarer or title) Charles J. Wiley M.D. Sweet Springs	22b. ADDRESS 11-25-57	22c. DATE SIGNED 11-25-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov 27. 1957	23c. NAME OF CEMETERY OR CREMATORY Holy Cross	23d. LOCATION (City, town, or county) (State) EMMA MO
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24. FUNERAL DIRECTOR E. S. James	ADDRESS Commodia. Mo	25. DATE RECD. BY LOCAL REG. Nov. 25, 1957	26. REGISTRAR'S SIGNATURE Mary Massey
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 Mr....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....
P. O. Address Concordia.....

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.