

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED DEC 28 1961, 118

-51-944176

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. 4188 Registrar's No. 40

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>GASCONADE</b>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>OWENSVILLE</b>		Length of stay in 1b		c. CITY OR TOWN <b>OWENSVILLE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME 304E JACKSON</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>304E JACKSON</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>CHARLES</b> Last <b>MOTTERT</b>				4. DATE OF DEATH Month <b>DEC.</b> Day <b>18</b> Year <b>1961</b>								
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 28 1908</b>		9. AGE (last birthday) <b>53</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Mechanic</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Oil pipe line</b>		11. BIRTHPLACE (City and state or country) <b>CENTAUR MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>ERNST MOTTERT</b>				13b. MOTHER'S MAIDEN NAME <b>ANNIE KAJEWICZ</b>				14. NAME OF HUSBAND OR WIFE <b>PEARL MOTTERT</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <b>Yes World War 2</b>						17. INFORMANT Address <b>Pearl Mottert Owensville Mo</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Rheumatic Heart Disease Causing</b>												
DUE TO (c) <b>Myocardial Degeneration</b>										<b>1 year.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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.)								
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____										
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <b>12-16-60</b> to <b>12-18-61</b> and last saw <sup>her</sup> him alive on <b>12-16-61</b> Death occurred at <b>5:15 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <b>Raves Brenner, M.D.</b>						22b. ADDRESS <b>Owensville, Mo.</b>			22c. DATE SIGNED <b>12-18-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec 21 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sun Set Burial Park</b>				23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>				
24. FUNERAL DIRECTOR <b>Gottenstroeter Service Owensville</b>					25. DATE RECD. BY LOCAL REG. <b>December 21, 1961</b>			26. REGISTRAR'S SIGNATURE <b>Mrs. Maurine Jappmeyer</b>				
<b>Midford 994 Winter</b> (Licensed Embalmer's Statement on Reverse Side)												

AUG 3 1962

JAN 3 1962

JUL 6 1962

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 ME, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wilford H H Winn  
Licensed Embalmer No. 3838

P. O. Address OWEN SU

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.