

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019463

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 5650 Registrar's No. 91

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 31 1962

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY <b>LAWRENCE</b>  |   | a. STATE <b>MO.</b> b. COUNTY <b>LAWRENCE</b>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRING RIVER TOWNSHIP</b>   |   | c. CITY OR TOWN <b>AURORA RT 2</b>   |   |
| Length of stay in 1b <b>YEARS</b>  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>  |   | d. STREET ADDRESS (If outside, give location) <b>SPRING RIVER TOWNSHIP</b>   |   |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last <b>AUGUST ORTWEIN</b>  |   |  | 4. DATE OF DEATH Month Day Year <b>MAY 22, 1962</b>   |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>WHITE</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>3/20/89</b>   |
| 9. AGE (last birthday) <b>73</b>   |   | IF UNDER 1 YEAR Months Days  | IF UNDER 24 HR Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. FARMER</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>   | 11. BIRTHPLACE (City and state or country) <b>JOHNSTOWN, PA.</b>  |
| 12. CITIZEN OF WHAT COUNTRY <b>USA</b>   |   | 13a. FATHER'S NAME <b>WILLIAM ORTWEIN</b>  |   |
| 13b. MOTHER'S MAIDEN NAME <b>ANNA REITMEIER</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>MRS. MARY BUEHLER: AURORA, MO.</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES WWI</b>   |   | 16. SOCIAL SECURITY NO. <b>NONE</b>  | 17. INFORMANT Address <b>MRS. MARY BUEHLER: AURORA, MO.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <b>Cerebro-vase Accident</b>   |   |  | <b>DAF</b>  |
| DUE TO (b) <b>Arterioscl. C.V. Disease</b>   |   |  | <b>undif.</b>   |
| DUE TO (c)   |   |  |   |
| 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 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>5-19-1948</b> to <b>5-22-62</b> and last saw him alive on <b>4-10-62</b> . Death occurred at <b>8:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i>  |   | 22b. ADDRESS <b>10 N. S. EMMOT AURORA</b>  | 22c. DATE SIGNED <b>5-25-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  | 23b. DATE <b>5/24/62</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>SACRED HEART</b>   | 23d. LOCATION (City, town, or county) (State) <b>VERONA, MO.</b>  |
| 24. FUNERAL DIRECTOR ADDRESS <b>ARNOLD'S FUNERAL HOME; AURORA, MO.</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>5-23-62</b>  | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i>  |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1967 JUN 7 11 58 AM

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 Guinn R. Arnold

Licensed Embalmer No. 4929

P. O. Address Avoca 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.

*Guinn R. Arnold Signature*