

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039545
STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 4346 Registrar's No. 125

FILED OCT 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0700
20700

3
4 0
5 1
6
7 0
8 2
99109
10 46
11070
1291-3
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery City</u>		c. CITY OR TOWN <u>Montgomery City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>806 Stella</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Herbert Lee Oetting</u>		4. DATE OF DEATH Month Day Year <u>October 9, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-29-1927</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Garage</u>	11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u>
13a. FATHER'S NAME <u>John Oetting</u>		13b. MOTHER'S MAIDEN NAME <u>Mae Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Oetting</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean Conflict</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT Address <u>Montgomery City Missouri</u> Name <u>Mrs. Mildred Oetting</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u> <u>Internal injuries</u> DUE TO (b) <u>Auto fell off jack and pinned under car</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 <u>viewed</u> the deceased from <u>October 9, 1962</u> to _____ and last saw her alive on _____ Death occurred at <u>8:35</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J.P. Hodges Coroner</u>		22b. ADDRESS <u>Montgomery City Mo</u>	
22c. DATE SIGNED <u>10/9/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 11, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Loutre Island Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Case, Missouri</u>
24. FUNERAL DIRECTOR <u>Schlanker Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>10-9-62</u>	26. REGISTRAR'S SIGNATURE <u>Laura S Callaway</u>

OCT 18 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: E. Boone Schlanke

Licensed Embalmer No. 4136

P. O. Address: Montgomery City, 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.