

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042068

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 468

STATE FILE NUMBER

FILED DEC 13 1962

VS 300
Rev. 4/59
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20100

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, HOME or INSTITUTION) Charles E. Still		d. STREET ADDRESS (If outside, give location) RT. 1	
3. NAME OF DECEASED (Type or print) First Middle Last Louisa Anna Rosine Oetting		4. DATE OF DEATH Month Day Year Dec. 7 1962	
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Frank Carl Christian Sundermeyer		11b. MOTHER'S MAIDEN NAME Johanna Biermann	
12a. NAME OF HUSBAND OR WIFE Martin E. Oetting		14. NAME OF HUSBAND OR WIFE Martin E. Oetting	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Martin E. Oetting		Address Rt 1 COLUMBIA, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO (b) Hypertensive Heart Disease DUE TO (c) Diabetic Mellitus			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) Cherson of Stomach			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"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 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 Nov 1 62 to Dec 7-62 and last saw her alive on Dec 7-62 Death occurred at 3:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Print or Title) Eugene B. Roberto		22b. ADDRESS Jefferson City MO	
22c. DATE SIGNED Dec 8-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-9-62	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	23d. LOCATION (City, town or county) (State) Jeff. City, Cole Mo.
24. FUNERAL DIRECTOR Gideon N. Houser		25. DATE RECD. BY LOCAL REG. 8 December 1962	
ADDRESS Jeff. City, Mo		26. REGISTRAR'S SIGNATURE R. D. Morris	

USE BLACK INK OR TYPEWRITER RIBBON

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 Julian N. Houser

Licensed Embalmer No. 4579
P. O. Address Jefferson 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.