

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40607**
Registrar's No. **275**

FILED JAN 9 1950

BIRTH NO. **79183-49** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 901 East Capitol Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Oetting c. (Last) Oetting			4. DATE OF DEATH (Month) (Day) (Year) December 9 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	
8. DATE OF BIRTH Decemner 9, 1949		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Earl Julius Oetting		13b. MOTHER'S MAIDEN NAME Virginia Elizabeth Swearingen		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Earl Oetting ADDRESS 901 East Capitol JC, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphensia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity			INTERVAL BETWEEN ONSET AND DEATH
		- ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Premature Labor-cause unknown			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			776X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec 9/49**, 19___, to **Dec. 9/49**, 19___, that I last saw the deceased alive on **Dec. 9/49** 19___, and that death occurred at **8.55 AM**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Thomas J. Miller MD		23b. ADDRESS 507 East High St., JC, Mo.		23c. DATE SIGNED 12-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-10-49		24c. NAME OF CEMETERY OR CREMATORY River View Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Jefferson City, Mo ADDRESS			
DATE REC'D BY LOCAL REG. Dec 22-49		REGISTRAR'S SIGNATURE R.P. Darrin MD - JR		69	

rrw + h Jan 7-50

Not embalmed

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.