

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1956

State File No. 10

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Franklin</b>	
b. CITY OR TOWN <b>Warrenton</b>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 mo.</b>		e. STREET ADDRESS (If rural, give location) <b>3mi. South of Berger</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Bridewell</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HARRY</b>	b. (Middle) <b>CLARENCE</b>	c. (Last) <b>OETTERER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 3, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 24, 1912</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Metal Products</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hermann RFD Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Edward Oetterer</b>	13b. MOTHER'S MAIDEN NAME <b>Bertha Oetker</b>	14. NAME OF HUSBAND OR WIFE <b>Leona Oetterer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW #2</b>	16. SOCIAL SECURITY NO. <b>702-10-9120</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alvin Oetterer, Hermann, Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(Victim of injury)</b> DUE TO (c) <b>By Wilfredo Langin self</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>self</b>		

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

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **about 10:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. F. H. King</b>	23b. ADDRESS <b>Warrenton Mo</b>	23c. DATE SIGNED <b>2/6-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/6/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hermann City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hermann Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-6-56</b>	REGISTRAR'S SIGNATURE <b>Hayd Logan</b>	421	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hugost Blumer</b>	ADDRESS <b>Hermann, Mo</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1958

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.....  
*Hugo + B. B. B. B.*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.