Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005778
STATE FILE NUMBER

FILED FEB 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 807

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Trinity Lutheran Hosp. — Length of stay in Hospital: 30 minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Concordia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): X — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ARTHUR Middle: A. Last: OETTING

4. DATE OF DEATH: Month: Feb. Day: 11 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: JAN. 30 1894 ~~February 11, 1959~~

9. AGE (If years, last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (City and state or country): Concordia Mo.

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Chris Oetting

13b. MOTHER'S MAIDEN NAME: Anna Tebbenkamp

14. NAME OF HUSBAND OR WIFE: Helen Oetting

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Ray D. Oetting — Address: 554 Wabash K C 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): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Less than 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Atherosclerosis
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Healed Myocardial Infarction — Obesity

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 August 6, 1958, to Aug 13, 1958 and last saw ~~her~~ him alive on Aug 13, 1958
Death occurred at 2:35 pm ~~2-11-1959~~ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph E. Welker MD

22b. ADDRESS: 836 Prof Bldg. Kansas City Mo

22c. DATE SIGNED: 2-12-1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: February 14, 1959

23c. NAME OF CEMETERY OR CREMATORY: St Matthews Lutheran

23d. LOCATION (City, town, or county) (State): Ernestville Missouri

24. FUNERAL DIRECTOR: Wilke Funeral Home — ADDRESS: 2315 Linwood

25. DATE RECD. BY LOCAL REG.: 2-12-59

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Joseph E. Welker

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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address Rome

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.