

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006843

STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond rural</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>HARDIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RAY COUNTY MEMORIAL HOSP</u>			Length of stay in 1b <u>48 days</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>LEONARD</u> Last <u>OSTER</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>4</u> Year <u>1958</u>			
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 26, 1938</u>	9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE Co.</u>		11. BIRTHPLACE (City and state or country) <u>RAY COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>DARRELL OSTER</u>				14. MOTHER'S MAIDEN NAME <u>SADIE R. CRAVENS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>500-38-0210</u>		17. INFORMANT Address <u>SADIE OSTER CLEMENS HARDIN, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound of abdomen with</u> <u>Pancreatic fistula</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>9196</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.) <u>Accidental discharge of .22 cal. revolver which</u>				
20c. TIME OF INJURY Hour <u>12:15</u> a. m. <u>1/15/58</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad Station</u>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Hardin, Ray, Mo.</u>		20g. COUNTY <u>RAY</u>		20h. STATE <u>Mo.</u>		
21. I attended the deceased from <u>Jan. 15, 1958</u> to <u>March 4, 1958</u> and last saw him alive on <u>March 4, 1958</u> Death occurred at <u>9:30 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>A. Johnson M.D.</u>				22b. ADDRESS <u>Richmond, Mo.</u>		22c. DATE SIGNED <u>3/7/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE CEMETERY</u>		23d. LOCATION (City, town, or county) <u>RAY COUNTY, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>KUESCHILD-BORCHERS</u>			ADDRESS <u>HARDIN Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-1958</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>

(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public service, 300, -56, Doctor, coroner, etc. must use only standard nomenclature in their reports. NO symptoms, signs or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

APR 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No...46

P. O. Address.....
Hardin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.