

REC'D JUN 7 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18819

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township Masson Primary Registration District No. 3029 Registered No. 133  
 (c) City Hannibal (d) Street No. Leveering Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Thomas Vallie Oster 23 1/2 St. Bethel Mo. R.F.D. # 1  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Opal Oster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
52 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Not Known.  
 (STATE OR COUNTRY) Lewis County Mo.

13. NAME Adair Oster

14. BIRTHPLACE (CITY OR TOWN) Not Known  
 (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Mary Waters.

16. BIRTHPLACE (CITY OR TOWN) Not Known  
 (STATE OR COUNTRY) Lewis Co. Mo.

17. INFORMANT Mrs. Opal Oster  
 (ADDRESS) Bethel, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tabery Cemetery DATE May 3 1938

19. FUNERAL DIRECTOR (NAME) C. W. Truogrove  
 (ADDRESS) Bethel, Mo.

20. FILED May 6, 1938 H. C. Fisher  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to May 1, 1938

I last saw him alive on Apr 30, 1938. Death is said to have occurred on the date stated above, at 4:57 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

Other contributory causes of importance: 51Name of operation Nephrectomy Date of 4-28-38What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. H. D. Oster, M. D.498 (Address) Hannibal Mo

**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, .....

*C. W. Musgrave* ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *C. W. Musgrave* .....

Licensed Embalmer No. *2719*

P. O. Address *Bethel, 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 this body is not embalmed, above space should be left blank.**