

S. No. 2
M-2.43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28664

State File No. _____

FILED SEP 12 1944

Registration District No. 374

Primary Registration District No. 6064

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola (Rural) Osceola
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jump
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 years
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair ⁹³

(c) City or town Osceola
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oliver Lincoln Aultman

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1944 hour 8 minute _____ M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathrine E. Aultman

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: April 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-12 1943 to 7-23 1944
that I last saw him alive on 7-21 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Uremic Poisoning 2 wks.

Due to Prostatic Hypertrophy with obstruction 18 mos.

Due to _____

9. Birthplace Holmes County Ohio
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Farming

11. Industry or business _____

12. Name Joshua Aultman

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kelly

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

16. (a) Informant Jay Aultman

(b) Address Osceola Missouri

17. (a) Burial (b) Date thereof 7-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Cemetery

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Missouri

19. (a) 8-21-44 (b) J. B. Goodrich
(Date received local registrar) (Registrar's signature)

23. Signature T. H. Dangles, Jr. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 7-24-44

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

MOTHER FATHER

110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 4-44-1027

Date Filed 9-11-48

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Paul J. Crestone

Licensed Embalmer No. 3990

P. O. Address Osceola 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, fact should be so stated above.