

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41114**

FILED JAN 14 1946

Primary Registration District No. **5430**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 80 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin **36**

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

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? no (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME William Anthony Declue

3. (b) If veteran, _____ **(c) Social Security** _____
name war no No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex male **5. Color of hair** white

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

6. (b) Name of husband or wife Mary Declue **6. (c) Age of husband or wife if** _____
alive 50 years

7. Birth date of deceased 5 6 1865
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis **Duration** _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 7 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Franklin County (City, town, or county) (State or foreign country) **(1)**

10. Usual occupation retired

Major findings: _____

Of operations _____

Of autopsy no **940**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Steve Declue

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

14. Maiden name _____ **9**

15. Birthplace _____ (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. F. Ottman Coroner (Att. D. or other) **12/14/45**

Address Union Mo Date signed _____

16. (a) Informant William Thomas Declue

(b) Address St Clair Mo

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 12-13-45
(Month) (Day) (Year)

(c) Place: burial or cremation Cove Cemetery

18. (a) Signature of funeral director Coy + Son

(b) Address St Clair Mo

19. (a) 12-12-1945 (Date received local registrar) **(b) E. F. Ottman** (Registrar's signature)

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

36
0
0

1446

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-10-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.