No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1946

State File No. 3795

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 254

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 400 W Rollins 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")

(d) Street No. 108 So 6th St. 3
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Arthur W. Oquest

3. (b) If veteran, name war ✓

3. (c) Social Security No. 491-07-0257

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl

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

7. Birth date of deceased Feb. (Month) 14th (Day) 1882 (Year)

8. AGE: Years 63 Months 10 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace — (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Supt. of Construction

11. Industry or business Mo. Power + Light Co

FATHER
12. Name Charles J Oquest
13. Birthplace ..... (City, town, or county) Sweedon (State or foreign country) 4

MOTHER
14. Maiden name Ella Buskirt
15. Birthplace ..... (City, town, or county) Ill (State or foreign country) 1

16. (a) Informant Mrs Pearl Oquest
(b) Address Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21st 45 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Mo

18. (a) Signature of funeral director Malvern and Son
(b) Address Moberly Mo

19. (a) Dec 21 45 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Dec. 19, 1945, to Dec. 19, 1945, that I last saw him alive on Dec. 12, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 .....

23. Signature [signature] (M. D. or other) M.D.

Address 300½ W. Reed, Moberly Date signed Dec. 21, '45

269 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-46-118
Date Filed JAN 23 1946

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.