

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33329**

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **3289** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY OR TOWN Rural Galletin		c. CITY OR TOWN Rural	
c. LENGTH OF STAY (in this place) 40yrs.		d. STREET ADDRESS (If rural, give location) R.R. 10, North Kansas City Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home R.R. 10 North K.C. Mo.			
3. NAME OF DECEASED a. (First) Marion b. (Middle) C. c. (Last) Oswalt		4. DATE OF DEATH (Month) (Day) (Year) Oct 12 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1879
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months X Days X	IF UNDER 24 HRS. Hours X Min. X
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Oswalt Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Alexander Oswald		13b. MOTHER'S MAIDEN NAME Lydia Oswald	14. NAME OF HUSBAND OR WIFE Marie Oswald R 10 N.K.K.C
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Marie Oswald ADDRESS R.R. 10, NorthK.C
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE O.S. Pat and Conrad (Degree or title)		23b. ADDRESS North Kansas City Mo	23c. DATE SIGNED 10/13/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 14 1949	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
DATE REC'D BY LOCAL REG Oct 14 - 1949	REGISTRAR'S SIGNATURE Beulah Kitcher	25. FUNERAL DIRECTOR'S SIGNATURE Morton-Smith's F.H. ADDRESS North Kansas C	

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-17-49

OCT 20 1949

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Theron O Smith*

Licensed Embalmer No. *3928*

P. O. Address *North Kansas City*

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.