S. No. 300
v. 10.48

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

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8321

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 267

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 425 South Dollison

3. NAME OF DECEASED (Type or Print)
a. (First): Edward S
b. (Middle): S
c. (Last): Offenhauser

4. DATE OF DEATH (Month) (Day) (Year): March 21 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 13, 1885
9. AGE (In years last birthday): 64 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Auto Parts (Supply)
11. BIRTHPLACE (State or foreign country): Shelbyville, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Offenhauser
13b. MOTHER'S MAIDEN NAME: Katherine E Creek
14. NAME OF HUSBAND OR WIFE: Grace E Offenhauser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs Grace E Offenhauser, Springfield, Mo — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock. — 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) Resection Prostate Gland
DUE TO (c) Very nervous type individual
Cat 37 Sickness previous
Mostly of nervous type.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-21-50
19b. MAJOR FINDINGS OF OPERATION: Complete obstruction of bladder neck, Benign hypertrophy Prostate Gland
20. AUTOPSY? YES ☐ NO ☒

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): 610 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18, 1950, *to* 3-21, 1950, *that I last saw the deceased alive on* 3-21, 1950 *and that death occurred at* 3:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter A Sewell D
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 3-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 24, 1950
24c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 3-24-50
REGISTRAR'S SIGNATURE: Nel. Handley
25. FUNERAL DIRECTOR'S SIGNATURE: Alma Johnmeyer — **ADDRESS**: B-714 Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Bernard F. Wright

Signed _____
Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield, M

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.