

No. 300  
10-48

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9767

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 5

0736  
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1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stella</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Noel</u> <u>0600</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>General</u>	b. (Middle) <u>Oswald</u>	c. (Last) <u>Ostrander</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>7</u> <u>1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 2, 1876</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>5</u>	11. UNDER 1 HR. Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson Green County Wisc.</u>	12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Ostrander</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Ostrander</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bert Wunschel</u>	ADDRESS <u>Wisconsin</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>19 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bit and mashed black widow spider on right side and back.</u>		F9279 47
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-19-, 1950, to 2-7-, 1950, that I last saw the deceased alive on 2-7-, 1950, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cardwell</u>	23b. ADDRESS <u>Stella, Missouri</u>	23c. DATE SIGNED <u>2-7-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Anderson, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 26 1950</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u> 369	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Humphreys</u> ADDRESS <u>Noel, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

*Newton Co. Health Dept.*

*450-78*

*MAR 5 1950*

**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 \_\_\_\_\_

*J. M. Humphrey Jr.*

Licensed Embalmer No. \_\_\_\_\_

*4708*

P. O. Address \_\_\_\_\_

*Macl, 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.