

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23388**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (in this place) 45 years		d. STREET ADDRESS (If rural, give location) 401 East Benton	
d. TOWN NAME OF HOSPITAL OR INSTITUTION 401 E. Benton			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Easley c. (Last) Oechsli		4. DATE OF DEATH (Month) (Day) (Year) July 12 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 24, 1863
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR: Months 1 Days 18 Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Philadelphia, Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Frank Oechsli	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Virgil Twyman, Windsor, 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) Chronic myocarditis 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. Senility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH ?	
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 Jan 1, 1950 , to July 12, 1950 , that I last saw the deceased alive on July 12, 1950 , and that death occurred at 11:10 a.m. from the causes and on the date stated above.			
23a. SIGNATURE Roy Jordan (Degree or title)		23b. ADDRESS Windsor, Mo.	
23c. DATE SIGNED 7-15-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-14-50		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
24d. LOCATION (City, town, or county) (State) Windsor, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Florence Adams ADDRESS Huston-Turner, Windsor, Mo.	
DATE REC'D BY LOCAL REG. July 14-50		REGISTRAR'S SIGNATURE Florence Adams	

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

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RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-17-57

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: William M. Turner

Licensed Embalmer-No. 4648

P. O. Address Windsor, 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.