

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34322
Registrar's No. 78

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5920

790

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0790	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) c. (Last) Oster			4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 20 1873			9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perry Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Peter Muench		13b. MOTHER'S MAIDEN NAME Mary Hoehn		14. NAME OF HUSBAND OR WIFE Willis Oster	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernst Hadler Farrar 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 1 month
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			7 yrs
		DUE TO (b) Chronic Nephritis			3 years
		DUE TO (c) Atherosclerosis, General			5 1/2 X
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 **May 3, 1947**, to **Oct 5, 1950**, that I last saw the deceased alive on **Oct 4, 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Theodore Fischer, M.D.		23b. ADDRESS Altensburg, Mo.		23c. DATE SIGNED 10-6-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 8 1950		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
				24d. LOCATION (City, town, or county) (State) Crosstown Mo.	

DATE REC'D BY LOCAL REG. Oct 13-1950		REGISTRAR'S SIGNATURE Jose J. Zöllner		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo.	
				ADDRESS	

RECEIVED

NOV 9 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2438*

P. O. Address *Perryville Md*

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.