

No. 30
10.48

FILED FEB 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1443
Registrar's No. 46

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If inside corporate limits, write RURAL and give township) <u>Rural - Blue</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Blue Township</u>	
c. LENGTH OF STAY (In this place) <u>8 mo</u>		d. STREET ADDRESS (If rural, give location) <u>37th + Phelps Roads</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>37th + Phelps Road</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sherman</u>	b. (Middle) <u>Jacob</u>	c. (Last) <u>Oswald</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31, 1951</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>Widowed</u>	8. DATE OF BIRTH <u>Dec 29 1865</u>	9. AGE (In years last birthday) Months Days <u>85 1 2</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 2 HRS. Hours Min.
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10. USUAL OCCUPATION (Give kind of work also state most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Christian Oswald</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Oswald</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elizabeth Snider</u>	ADDRESS <u>37 + Phelps</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		<u>48 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subacute Myocarditis</u> DUE TO (c) <u>Renal Insufficiency</u>		<u>1 yr.</u> <u>1 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>490X</u>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 29, 1951 to Jan 31, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 1:42 P.M., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) <u>James H. Spence D.D. 2</u>	23b. ADDRESS <u>10307 Deep Ave</u>	23c. DATE SIGNED <u>2/1/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Syracuse, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 3-1951</u>	REGISTRAR'S SIGNATURE <u>W. A. Galgo</u>	354	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilton L. Kelly</u>	ADDRESS <u>Judy mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

480

FEB 8 REED

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.

Signed... *Fason White*
Student Embalmer

Signed *Dexter L. Kelsey*
Student Embalmer No. *412*
Licensed Embalmer No. *4225*
P. O. Address *Judges*

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.