

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1617

FILED FEB 6 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1131 South Pope Independence	
c. LENGTH OF STAY (in this place) 2 Days		d. STREET ADDRESS (If rural, give location) 1131 South Pope 0485 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence Sanitarium			
3. NAME OF DECEASED a. (First) Milda (Type or Print)		b. (Middle) Bertha	
		c. (Last) Oeser	
4. DATE OF DEATH Jan. 22, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1, 1880
9. AGE (In years last birthday) 71		10. MONTHS 10	11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (State or foreign country) Rohrsdorf, Germany 4		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Ferdinand Meisel		13b. MOTHER'S MAIDEN NAME Milda Aurich	
14. NAME OF HUSBAND OR WIFE Max F. Oeser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Max F. Oeser		ADDRESS Independence, Mo.	
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) <i>Bilateral lobar pneumonia 4 days</i> <i>Basal cerebral hemorrhage etc</i> <i>due to high blood pressure and complete cord</i> DUE TO (b) <i>5 days</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 21, 1952 to Jan 22, 1952 that I last saw the deceased alive on Jan 22, 1952 and that death occurred at 7:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. H. Allen M.D.</i>		23b. ADDRESS Independence, Mo.	
23c. DATE SIGNED 1-23-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/24/52	
24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Missouri	
DATE REC'D BY LOCAL REG. 1-23-52		REGISTRAR'S SIGNATURE <i>W. H. Allen</i> 359-0	
25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks		ADDRESS Indep., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 4 REC'D

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 Richard P. Francis

Licensed Embalmer No. _____

P. O. Address _____

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.