

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31295

ED OCT 8 1952

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5442</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland</u>			c. LENGTH OF STAY (in this place) <u>30 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pershing</u>			<u>0370</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 Miles W. of Hermann</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u>			b. (Middle) <u>Oyczaschkey</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>9 26 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 4, 1869</u>		9. AGE (in years last birthday) <u>83</u>	# UNDER 1 YEAR Months	# UNDER 6 Mths. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hermann, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Hardtke</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Rettke</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. Oyczaschkey</u>			
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 ADDRESS <u>Walter Kotthoff, Hermann, Mo. R#2</u>				
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) <u>Carcinoma Liver</u> ANTECEDENT CAUSES DUE TO (b) <u>Cholelithiasis</u> DUE TO (c) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>several yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>				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) (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 <u>June 1, 1952</u> , to <u>Sept 26, 1952</u> , that I last saw the deceased alive on <u>Sept 26, 1952</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard Workman M.D.</u>				23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>9-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pershing Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/1/1952</u>		REGISTRAR'S SIGNATURE <u>Harold Wallace</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>August H. Linn</u>		ADDRESS <u>Hermann, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0370

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 _____

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.