

FILED JAN 3 1953

STANDARD CERTIFICATE OF DEATH

State File No. 42900

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5808 Registrar's No. 23

700
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MONTGOMERY	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Beversuch		c. CITY (If outside corporate limits, write RURAL and give township) Rural Beversuch 0700	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1 mile East of Jonesburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRED c. (Last) OCKERHAUSEN			4. DATE OF DEATH (Month) (Day) (Year) 12 6 52		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR 20 1869		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HR. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) JONESBURG MO			12. CITIZEN OF WHAT COUNTRY? U.S.A		
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13a. FATHER'S NAME JOHN OCKERHAUSEN			13b. MOTHER'S MAIDEN NAME MINNIE KRIBBON			14. NAME OF HUSBAND OR WIFE EFFIE OCKERHAUSEN		
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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) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS JAMES OCKERHAUSEN Jonesburg Mo			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) Metastatic Carcinoma bladder						INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X						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)		
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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?	
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22. I hereby certify that I attended the deceased from **Dec 5 1952 to Dec 27 1952**, that I last saw the deceased alive on **Dec 27 1952** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Anderson (Degree or title)			23b. ADDRESS Jonesburg Mo. 275			23c. DATE SIGNED Dec 27 52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 27 52		24c. NAME OF CEMETERY OR CREMATORY JONESBURG		24d. LOCATION (City, town, or county) (State) JONESBURG MO	
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DATE REC'D BY LOCAL REG. Dec 29 52		REGISTRAR'S SIGNATURE Wm May Miller			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. A. Hedding Jonesburg Mo		
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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 Carl Rudig

Licensed Embalmer No. 4115

P. O. Address Conroy 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.