

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41994**

FILED DEC 16 1953

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **5046** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Monroe Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Monroe Township	
c. LENGTH OF STAY (in this place) 85 yrs		d. STREET ADDRESS (If rural, give location) R# 1. Cosby, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R#1 Cosby, Mo.		d. STREET ADDRESS (If rural, give location) R# 1. Cosby, Mo.	
3. NAME OF DECEASED (Type or Print) Charles Ochse		4. DATE OF DEATH (Month) (Day) (Year) December 3, 1953	
a. (First) _____ b. (Middle) _____ c. (Last) _____			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11, 1866
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles Ochse		13b. MOTHER'S MAIDEN NAME Wilhelmina Volke	14. NAME OF HUSBAND OR WIFE Celia Ochse
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 L. E. Ochse ADDRESS Cosby, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 Days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 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 Dec 1, 1953 , to Dec 3, 1953 , that I last saw the deceased alive on Dec 1, 1953 , and that death occurred at 3:00A m., from the causes and on the date stated above.			
23a. SIGNATURE, (Degree or title) E. M. Reynolds MD		23b. ADDRESS Union Star Mo	23c. DATE SIGNED 12-4-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Evangelical & United Brethren	24d. LOCATION (City, town, or county) (State) Cosby, Mo.
DATE REC'D BY LOCAL REG. 12-5-1953	REGISTRAR'S SIGNATURE Tellan Sparks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meisner & Fleeman, Inc. St. Joseph, Mo.	

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

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 Edward C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.