

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **2181**

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **59**

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Nodaway</b>				a. STATE <b>Missouri</b>		b. COUNTY <b>Nodaway</b>	
b. CITY OR TOWN <b>Maryville</b>			c. LENGTH OF STAY (In this place)			c. CITY OR TOWN <b>Maryville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>403 1/2 South Main</b>				d. STREET ADDRESS (If rural, give location) <b>403 1/2 South Main</b>			
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>MARIE</b>	b. (Middle) <b>E.</b>	c. (Last) <b>OURSLER</b>	<b>4. DATE OF DEATH</b>		
					(Month) <b>2</b>	(Day) <b>1</b>	(Year) <b>54</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>9/21/86</b>	<b>9. AGE</b> (In years last birthday) <b>67</b>	<b>10. IF UNDER 1 YEAR</b> Months	<b>11. IF UNDER 24 HRS.</b> Days
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own home</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Sutton, Nebraska</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>George Hake</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Wm. R. Oursler</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Wm. R. Oursler, Maryville, Mo.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)				<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart block.</b>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>Maryville</b>		<b>(COUNTY)</b> <b>Missouri</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>May 1945</u>, to <u>Feb. 1, 1954</u>, that I last saw the deceased alive on <u>Jan 31, 1954</u>, and that death occurred at <u>12:05 a.m.</u>, from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <b>AM Chase</b>				<b>(Degree or title)</b> <b>D. O. J.</b>		<b>23b. ADDRESS</b> <b>Maryville, Missouri</b>	
<b>23c. DATE SIGNED</b> <b>Feb 2-54</b>							
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>2/3/54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Radcliffe</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Radcliffe, Iowa</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>2-6-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Bess Hault</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Price Funeral Home, Maryville, Mo.</b>			
				<b>ADDRESS</b> <b>Price Funeral Home, Maryville, Mo.</b>			

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 Clem M. Ricci

Licensed Embalmer No. 1822

P. O. Address Maryville, N.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.