No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11567

FILED APR 26 1954

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City, Mo.
c. LENGTH OF STAY (In this place): 12das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington Twp. 0760
d. STREET ADDRESS (If rural, give location): Freeburg, Mo. /

3. NAME OF DECEASED (Type or Print)
a. (First): Lilly
b. (Middle): —
c. (Last): Van Ostran

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1954.

5. SEX: Female /
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 14, 1876
9. AGE (In years last birthday): 70 — If under 1 year: Months 0 Days 7 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: House keeping
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Baker
13b. MOTHER'S MAIDEN NAME: Martha Moore
14. NAME OF HUSBAND OR WIFE: George Van Ostran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Charles Van Ostran, Freeburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause unknown
DUE TO (c) Fractured rt hip — 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 10 days

19a. DATE OF OPERATION: 4/12/54
19b. MAJOR FINDINGS OF OPERATION: Fractured rt hip — E9030 20
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP): Freeburg (COUNTY): Osage 076 (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 10 54 Am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Slipped on floor

22. *I hereby certify that I attended the deceased from* 4/10, 1954, *to* 4/21, 1954, *that I last saw the deceased alive on* 4/21, 1954, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J V Kanagawa (Degree or title): MD
23b. ADDRESS: 1 Dallmeyer Bldg
23c. DATE SIGNED: 4/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/25/54
24c. NAME OF CEMETERY OR CREMATORY: Vienna Cemetry
24d. LOCATION (City, town, or county) (State): Vienna, Mo.

DATE REC'D BY LOCAL REG.: April 23-1954
REGISTRAR'S SIGNATURE: R P Harris MD-MR 68-6
25. FUNERAL DIRECTOR'S SIGNATURE: M C Cunningham
ADDRESS: Vienna, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3664

P. O. Address _____

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

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