

STANDARD CERTIFICATE OF DEATH

15677

State File No. Registrar's No. 9

BIRTH NO. REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228

I. PLACE OF DEATH a. COUNTY HOWARD b. CITY GLASGOW c. LENGTH OF STAY 5 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION GLASGOW MO. 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard c. CITY Glasgow d. STREET ADDRESS (If rural, give location) 345/0

3. NAME OF DECEASED a. (First) ANNA b. (Middle) CAROLINE c. (Last) OSER 4. DATE OF DEATH (Month) (Day) (Year) MAY 11, 1954

5. SEX F 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married 8. DATE OF BIRTH July 28, 1879 9. AGE (In years) (Months) (Days) (Hours) (Min.) 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Her Home 10b. KIND OF BUSINESS OR INDUSTRY Her Home 11. BIRTH PLACE (State or foreign country) Salisbury MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH PONDER 13b. MOTHER'S MAIDEN NAME MARY GEISLER 14. NAME OF HUSBAND OR WIFE GEORGE OSER

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 Address Clarence Oser Glasgow MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Hypertension & Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 wks 7.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 331X 20. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 2-25, 1954, to 5-11, 1954, that I last saw the deceased alive on 5-11, 1954, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS Glasgow MO 23c. DATE SIGNED 5-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 14, 1954 24c. NAME OF CEMETERY OR CREMATORY Washington 24d. LOCATION (City, town, or county) (State) Glasgow MO

DATE REC'D BY LOCAL REG. 5-15-1954 REGISTRAR'S SIGNATURE Walker Audsley 410 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Audsley-Friemuth Glasgow MO

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

J. Walker Ainsley

Licensed Embalmer No. *3336*

P. O. Address *Glasgow m*

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.