

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

36319

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) Piedmont		c. CITY (If outside corporate limits, write RURAL and give township) Piedmont	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Frank	c. (Last) Osick	4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28, 1886	9. AGE (In years last birthday) (Month) (Day) (Hour) (Min.) 68
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright	10b. KIND OF BUSINESS OR INDUSTRY Wiles-Chipman Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Lola Martha Rothganger
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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. 498-01-6834	17. INFORMANT'S SIGNATURE OR NAME Hillard Osick	ADDRESS St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 M. PM.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary 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) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. TIME OF SUICIDE OR 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) Piedmont, Mo.
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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 1201
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William E. Bunker, 3 Coronet	23b. ADDRESS Piedmont, Mo.	23c. DATE SIGNED Oct 20/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Frieden	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. Oct. 20, 1954	REGISTRAR'S SIGNATURE Hazel Hard	460	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Gish	ADDRESS Piedmont, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1110

RECEIVED

OCT 25 1954

WAYNE CO. HEALTH CENTER

FILE No. _____

OCT 27 1954

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Merrill E Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Dedmont, Pa.*

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.