

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED DEC 21 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6149 PRIMARY REG. DIST. NO. 339 Registrar's No. 28

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stoddard</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Dudley Duck Grk. Twp.</u> |  | c. CITY OR TOWN <u>Dudley</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (If in hospital or institution) <u>10 yrs</u>                               |  | e. STREET ADDRESS (If rural, give location) <u>Route one</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>  |  | f. STREET ADDRESS <u>1030</u>  |   |

|   |                               |   |   |  |  |
|---|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Lulu</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Osten</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 7, 1954</u>              |  |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>March 2, 1884</u>                                     |  | 9. AGE (In years last birthday) <u>70</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>      |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>                    | 11. BIRTHPLACE (City and State or Foreign Country) <u>Whitewater, Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Wm. D. Bates</u>                                      |  | 13b. MOTHER'S MAIDEN NAME <u>Sarah Eakins</u> |  | 14. NAME OF HUSBAND OR WIFE <u>deceased</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>XXXXXXXXXX</u>     |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. S. Summers</u> ADDRESS <u>Dudley, Mo. R. 1</u> |  |

|   |  |   |  |                                  |  |
|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))                      |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic Heart disease</u> |  | <u>&amp; Hypertension &amp; congestive failure</u>  |  | <u>See ques</u>                  |  |
| ANTECEDENT CAUSES: <u>Diabetes</u>  |  | 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 <u>260x</u>   |  | 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.) <u>Dudley</u> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo.</u>                       |  |
| 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 \_\_\_\_\_, 1953, to \_\_\_\_\_, 1954, that I last saw the deceased alive on Nov, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE <u>John R. Longford, M.D.</u>            |  | 23b. ADDRESS <u>Poplar Bluff, Mo.</u>                               |  | 23c. DATE SIGNED <u>12-11-54</u>                             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> |  | 24b. DATE <u>12-10-54</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge cemetery</u> |  |
|   |  | 24d. LOCATION (City, town, or county) (State) <u>Oak Ridge, Mo.</u> |  |  |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>12/18/54</u> |  | REGISTRAR'S SIGNATURE <u>Paul Reed 490-n</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins &amp; Sons</u> ADDRESS <u>Dexter, Mo.</u> |  |
|--|--|--|--|---|--|

WRITE PLAINLY—USING UNFADEING 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.....  
Signature of Student Embalmer

Signed *Manah W. Atkinson*.....

Licensed Embalmer No. *4717*

P. O. Address *Jersey Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.