

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7849**

FILED MAR 28 1955

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 246
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene 0396		
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. LENGTH OF STAY (In this place) 21 Days	c. CITY OR TOWN Springfield	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Bapt. Hospital		e. STREET ADDRESS (If rural, give location) 223 N. Grant Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) EDY		b. (Middle) BELLE	c. (Last) OCKERMAN	4. DATE OF DEATH (Month) (Day) (Year) March 19, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 27 Dec. 1875	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Sandusky, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Cusick		13b. MOTHER'S MAIDEN NAME Anna M. Griener	14. NAME OF HUSBAND OR WIFE Charles Frank Ockerman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.F. Ockerman, Springfield, Missouri.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 19 days 5 yrs?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X	
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	
22. I hereby certify that I attended the deceased from Feb 27, 1955 , to March 19, 1955 , that I last saw the deceased alive on March 19, 1955 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree of title) W. Hallaway, Jr. M.D.		23b. ADDRESS 1511 S. Glenstone Springfield, Mo.	23c. DATE SIGNED 3-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 22 Mar. 1955	24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri.	
DATE REC'D BY LOCAL REG. 3-24-55	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Thieme, Springfield, Missouri		

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Fred P. Hieme

Licensed Embalmer No....2899
Springfield,
P. O. Address...Missouri

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.