

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7972

FILED MAR 15 1955

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Calhoun</u>		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 <u>Windsor General</u>				e. STREET ADDRESS (If rural, give location) <u>0420</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u> b. (Middle) <u>Earl</u> c. (Last) <u>Oswald</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>3 5 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 9 1888</u>	
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR <u>9</u> MONTHS <u>24</u> DAYS <u>34</u> HOURS <u>Min.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Elevator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>			
13a. FATHER'S NAME <u>John Oswald</u>				13b. MOTHER'S MAIDEN NAME <u>Hannie Foster</u>		14. NAME OF HUSBAND OR WIFE <u>Madeline Oswald</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>487-092439</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul J. Oswald</u> ADDRESS <u>1901 Iowa Japan, Mo.</u>	
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer 7 Lines</u>  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.  INTERVAL BETWEEN ONSET AND DEATH <u>7</u>				19. 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)		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 <u>March 3 1955</u> , to <u>March 5 1955</u> , that I last saw the deceased alive on <u>March 5 1955</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ray B. Jordan</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>3-5-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3-7-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bunceton Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Bunceton</u>	
DATE REC'D BY LOCAL REG. <u>Mar-7-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.A. Housey</u> ADDRESS <u>Calhoun Mo</u>			

(Licensed Embalmer's Signature on Reverse Side)

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

AUG 1 1958

### 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.....

Licensed Embalmer No. 358

P. O. Address Calhoun

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.