

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16030

State File No.

FILED MAY 18 1955

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Marion</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Marion</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Hannibal</p>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <p style="text-align: center;">Hannibal</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Residence 3254 St. Marys</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">3254 St. Marys</p>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas O.</u> b. (Middle) _____ c. (Last) <u>Osterhout</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 26, 1869</u>	9. AGE (in years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>George Webster Osterhout</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fowler</u>	
14. NAME OF HUSBAND OR WIFE <u>Alice Roberts Osterhout</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Silas O. Osterhout Hannibal Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 11-16, 1952, to 5-11, 1955, that I last saw the deceased alive on 5-11, 1954 and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur Deety, M.D.</u> (Degree or title)		23b. ADDRESS <u>Hannibal MO</u>		23c. DATE SIGNED <u>5-13-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>May 14, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>					

DATE REC'D BY LOCAL REG. <u>5-14-55</u>		REGISTRAR'S SIGNATURE <u>Dr. E.M. Luke, By W.C. Fisher</u>		EMERALD DIRECTOR'S SIGNATURE <u>W. Crawford Smith</u>	
				ADDRESS <u>Missouri</u>	

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

RECEIVED MAY 16 1955
MARION CO. HEALTH DEPT.
DATE FILED MAY 16 1955

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 *John S. Stand*.....

Licensed Embalmer No. 4540.

P. O. Address Hannibal, Miss.

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.