

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16161

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>4389</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>			
b. CITY OR TOWN <u>Linn</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY OR TOWN <u>Linn</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Highway # 50 in Linn</u>				STREET ADDRESS (If rural, give location) <u>0160</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alex</u>			b. (Middle) <u>Christ</u>			c. (Last) <u>O'cheskey</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 4-1955</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>Dec. 30-1908</u>		9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>4</u>		IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>trucking</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>gravel hawling</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hope Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John O'cheskey</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Lange</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie A Lange</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>492-12-7352</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs A. C. O'cheskey Linn 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u> 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>3 yrs.</u>	
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) <u>Linn Mo 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 <u>May 1, 1955</u> , to <u>May 4, 1955</u> , that I last saw the deceased alive on <u>March 10, 1955</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. S. Hebl</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>5-6-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 27-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linn Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Mo MO</u>	
DATE REC'D BY LOCAL REG. <u>May 10-1955</u>		REGISTRAR'S SIGNATURE <u>T. A. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Morton</u> ADDRESS <u>Linn Mo</u>		_____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

60

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 *Vernon W. Mort*.....

Licensed Embalmer No. *414*.....

P. O. Address *Lincoln*.....

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.