

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32951

State File No.

BIRTH NO.		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany, Mo</u>		c. LENGTH OF STAY (In this place) <u>4 yrs</u>		c. CITY OR TOWN <u>Bethany, Mo</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				e. STREET ADDRESS (If rural, give location) <u>04410</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lester</u>		b. (Middle) <u>H. Oswalt</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>10-23-55</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>6-11-1897</u>		9. AGE (In years - last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co., Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charlie Oswalt</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Preston</u>		14. NAME OF HUSBAND OR WIFE <u>Bonnie Oswalt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <u>yes War</u>		16. SOCIAL SECURITY # <u>407-12-6219</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bonnie Oswalt Bethany, 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died from accidental gunshot wound .45 automatic revolver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Wound .45 automatic</u> DUE TO (c) <u>revolver</u> 9190 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>Sudden Death</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		104 South 14th St. Bethany, Mo	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Bethany, Harrison, Mo.</u>		21d. HOW DID INJURY OCCUR? <u>Shot himself in right temple</u>	
21d. TIME OF INJURY <u>Oct. 23, 1955, 3:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph Marshall D.C. Coroner Harrison County</u>		23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>10-24-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Goshen</u>		24d. LOCATION (City, town or county) (State) <u>Mercer Co., Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/29/55</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u>		ADDRESS <u>Princeton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5251

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

Student.....
Signature of Student Embalmer

Signed Paul Mason.....

Licensed Embalmer No. 26

P. O. Address Princeton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.