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FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10069

State File No. ....

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3752 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>		c. LENGTH OF STAY (in this place) <b>9 yrs.</b>	c. CITY OR TOWN <b>SEDALIA</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>407 E. 13th St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <b>EVA</b>		4. DATE OF DEATH <b>Mar 9, 1956</b>	
a. (First)	b. (Middle)	c. (Last) <b>OSWALD</b>	

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>DIVORCED</b>	8. DATE OF BIRTH <b>July 27, 1893</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pittsburg, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>John F. Kinnsch</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Cooper</b>		14. NAME OF HUSBAND OR WIFE <b>Everett Oswald</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lawrence Oswald, Knobnoster, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>		<b>L</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MYOCARDITIS</b> DUE TO (c) <b>HYPERTENSIVE CARDIO -</b> <b>-VASCULAR DISEASE</b>		

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)
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 Dec - 2, 1955, to 9 MARCH 1956, that I last saw the deceased alive on MARCH 9, 1955, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Karl B. Gonyea MD</b> (Degree or title)	23b. ADDRESS <b>SEDALIA MO</b>	23c. DATE SIGNED <b>10 MARCH 56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/12/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Knobnoster,</b>
24d. LOCATION (City, town, or county) (State) <b>Knobnoster, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>3-12-56</b>	REGISTRAR'S SIGNATURE <b>Lovina Coontz, Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. O. ...</b> ADDRESS <b>Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1956

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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 em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *R. E. Baker*.....

Licensed Embalmer No. *24*.....

P. O. Address *Sedalia*.....

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