

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **33346**

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **471**

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|---|---|---|------------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY Cape Girardeau Mo | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau | a. STATE Missouri | b. COUNTY Cape Girardeau |
| c. LENGTH OF STAY (in this place) 20yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital | | d. STREET ADDRESS (If rural, give location) 637 Highland Drive | |

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|---|-----------------------------|--------------------------------|------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Bertha | b. (Middle) Lauretta | c. (Last) Ossenkop | 4. DATE OF DEATH (Month) (Day) (Year) Nov, 4, 1956 |
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|--------------------------------|---|---|--|---|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov, 3, 1898 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1000 Hrs. Hours _____ Mins _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 10b. KIND OF BUSINESS OR INDUSTRY General | 11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Gustav Quentin | 13b. MOTHER'S MAIDEN NAME Fredericka Soell | 14. NAME OF HUSBAND OR WIFE Edward Ossenkop. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. Yes | 17. INFORMANT'S SIGNATURE OR NAME Edward Ossenkop | ADDRESS Cape Girardeau Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH ? |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tricho-sarcoma | | |
| | 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. | | 197X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Previous removal of primary tumor from face and neck. | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) Cape Girardeau Mo. |
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| 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? |
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22. I hereby certify that I attended the deceased from Sept 10, 1956, to Nov 7, 1956, that I last saw the deceased alive on Nov 3, 1956, and that death occurred at 9:15 A.M., from the cause and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Charles F. Wilson M.D. | 23b. ADDRESS 714 Broadway Cape Girardeau Mo. | 23c. DATE SIGNED 11-5-56 |
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|---|--------------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/6/1956 | 24c. NAME OF CEMETERY OR CREMATORY St Matthew Cent | 24d. LOCATION (City, town, or county) (State) St Louis Missouri. |
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| DATE REC'D BY LOCAL REG. 11-7-56 | REGISTRAR'S SIGNATURE W.C. Summers | 25. FUNERAL DIRECTOR'S SIGNATURE E.L. Haman | ADDRESS Cape Girardeau Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

44-0

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

Student Embalmer

Signed *J. J. Haman*.....

Licensed Embalmer No. 2863.....

P. O. Address Cape Girardeau Mo......

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 this body is not embalmed, fact should be so stated above.