

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009090

STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 4070 Primary Registration District No. 5147 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairview Twp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Braymor</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi. NW Braymor</u>				Length of stay in lb <u>3 yrs.</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>OSCAR</u> Last <u>OSTER</u>				4. DATE OF DEATH <u>3/8/58</u> Month Day Year			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4/23/1875</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (City and state or country) <u>Livingston CO., Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13. FATHER'S NAME <u>William Oster</u>				14. MOTHER'S MAIDEN NAME <u>Eliza Phillip</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 Address <u>Mrs. Ophelia Ross, Braymor, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> <u>Cerebral Arteriosclerosis</u> <u>Generalized Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). <u>T</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>many years</u> <u>many years</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____	
21. I attended the deceased from <u>Aug. 1947</u> to <u>March 6, 1958</u> and last saw him alive on <u>March 6, 1958</u> Death occurred at <u>3:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE (Degree or title) <u>H. E. Goldberg M.D.</u>				22b. ADDRESS <u>Braymor, Mo.</u>		22c. DATE SIGNED <u>3/10/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3/9/1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Braymor, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Michael Funeral Home, Braymor, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-12-1958</u>		26. REGISTRAR'S SIGNATURE <u>Mr. R. C. ...</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Director, coroner, etc. must use only standard nomenclature in item 18. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
~~working under my personal supervision.~~

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Geneb. Michael  
Licensed Embalmer No. 43  
P. O. Address Braymer

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