

FILED APR 28 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 184

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1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <b>0700</b> a. STATE <b>MISSOURI</b> b. COUNTY <b>MONTGOMERY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b>		c. CITY OR TOWN <b>MONTGOMERY CITY</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF MISSOURI INSTITUTION <b>MEDICAL CENTER</b>		d. STREET ADDRESS (If outside, give location) <b>100 WENTZ ST.</b>	
Length of stay in lb <b>4 Hours 21 Min</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JEAN</b> Middle <b>MARY</b> Last <b>OCHS</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>19</b> Year <b>1958</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 18, 1958</b>
9. AGE (In years last birthday)		F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <b>23 36</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MEXICO, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>RICHARD OCHS</b>	
13b. MOTHER'S MAIDEN NAME <b>MAXINE POTTS</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT <b>RICHARD OCHS</b>		Address <b>MONTGOMERY CITY, MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Erythroblastosis fetalis</b> DUE TO (b) <b>Sensitization to Rh factor</b> DUE TO (c) <b>7700</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>Conenital</b> " "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <b>4/19/58 1:45 PM</b> to <b>6:06 on 4/19/58</b> and last saw her alive on <b>4/19/58</b> Death occurred at <b>6:06</b> p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Mary Boren, M.D.</b>		22b. ADDRESS OF MISSOURI MEDICAL UNIVERSITY CENTER, COLUMBIA, MISSOURI	
22c. DATE SIGNED <b>4/19/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 20, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Montgomery City, Mo</b>	
24. FUNERAL DIRECTOR <b>Shlecker Funeral Home</b>		ADDRESS <b>Montgomery City, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>April 20 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

*Not Embalmed*

Signed *E. Boone Schlenker*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City*

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.