

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028843  
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 814

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield, 03960</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		Length of stay in 1b <b>16 months</b>	d. STREET ADDRESS (If outside, give location) <b>1770 S. National</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Jennie Louise Oesterle</b>			4. DATE OF DEATH Month Day Year <b>August 18, 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 29, 1880</b>	9. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR Months <b>3</b> Days <b>19</b> IF UNDER 24 HRS. Hours 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>In Home</b>	11. BIRTHPLACE (City and state or country) <b>Patterson, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George H. Lawson</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Howard</b>		14. NAME OF HUSBAND OR WIFE <b>John Fred Oesterle</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. O. H. Tucker Springfield, 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>UREMIA</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>ARTERIOSCLEROTIC NEPHROSCLEROSIS</b> DUE TO (c) <b>446X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>RHEUMATIC HEART DISEASE, INACTIVE, WITH MITRAL INSUFFICIENCY AND AORTIC</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 YR.</b>
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 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 <b>4/2/57</b> to <b>8/18/58</b> and last saw her/him alive on <b>2/14/58</b> Death occurred at <b>12 Noon</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Donald T. Over, M.D.</b>			22b. ADDRESS <b>Springfield, Mo.</b>		22c. DATE SIGNED <b>8/18/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Aug. 20, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Normandy, Missouri</b>
24. FUNERAL DIRECTOR <b>Boyer - Scherff, 7 - Home Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-19-58</b>		26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. However, coronary atherosclerosis must use only standard nomenclature in item 18. No symptoms will be listed.

OCT 30 1958

OCT 8 1958

OCT 2 1958

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 *L Duane Gorman* .....

Licensed Embalmer No. *3177* .....

P. O. Address *Jersey field* .....

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.