

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008034

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 42

**1. PLACE OF DEATH**  
 a. COUNTY Saline  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp. Length of stay in lb 36 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Saline  
 c. CITY OR TOWN Marshall 0978 Inside Limits Yes  No   
 d. STREET ADDRESS 412 N Jefferson (If outside, give location) Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print)  
 First MARY Middle SUSAN Last FLYNN

**4. DATE OF DEATH** Month March Day 7 Year 1959

**5. SEX** Female **6. COLOR OR RACE** White **7. MARRIED**  NEVER MARRIED  **8. DATE OF BIRTH** Sept. 6, 1875 **9. AGE** (In years last birthday) 83 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** Home **11. BIRTHPLACE** (City and state or country) Saline County, Mo **12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME** Conrad Oser **14. MOTHER'S MAIDEN NAME** Dora Loudon Oser

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) X **16. SOCIAL SECURITY NO.** X **17. INFORMANT** Miss Dora Flynn 412 N Jefferson Address Marshall

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Chronic arteriosclerotic descompensation  
 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) Chronic Nephritis **19. WAS AUTOPSY PERFORMED?** YES  NO  4.2.22.

**20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**  **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. Month, Day, Year \_\_\_\_\_

**20d. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK  **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ **20f. CITY, TOWN, OR LOCATION** Marshall COUNTY Missouri STATE \_\_\_\_\_

**21. I attended the deceased from** \_\_\_\_\_, to March 7, 1959 and last saw her alive on March 7, 1959  
 Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Arthur P. Hayes M.D. (Degree or title) **22b. ADDRESS** Marshall, Missouri **22c. DATE SIGNED** 3-8-59

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** 3-9-1959 **23c. NAME OF CEMETERY OR CREMATORY** RidgePark Cemetery **23d. LOCATION** (City, town, or county) (State) Marshall, Missouri

**24. FUNERAL DIRECTOR** Sweeney-Roser ADDRESS Marshall **25. DATE RECD. BY LOCAL REG.** 3-8-59 **26. REGISTRAR'S SIGNATURE** Cecil J. Reed

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....  
*Jack W. Rose*

Licensed Embalmer No. *46*

P. O. Address *Marsh*

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.