...RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59–032103

STATE FILE NUMBER

...NDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 119

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BETHANY — Length of stay in 1b: ONE WEEK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LACY NURSING HOME — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HARRISON
c. CITY OR TOWN EAGLEVILLE X — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) NONE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ETTA Middle L Last OMSTEAD
4. DATE OF DEATH: Month 9 Day 30 Year 1959
5. SEX: female
6. COLOR OR RACE: white
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 10-19-1885
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months 11 Days 11 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): STATE OF IOWA
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: GEORGE KEOWN
13b. MOTHER'S MAIDEN NAME: MARIETTA ROBERTSON
14. NAME OF HUSBAND OR WIFE: EUGENE OMSTEAD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: HAROLD MARTIN, Address: BETHANY, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Broncho-Pneumonia.	48hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive Heart Failure	6 mo.
DUE TO (c)	Arteriosclerotic Heart Disease	5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 COUNTY STATE

21. I attended the deceased from 9-21-59, to 9-30-1959 and last saw her alive on 9-30-1959
Death occurred at 5:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. H. Kroeger D.O. (Degree or title) G. H. KROEGER, D.O., D.O.
22b. ADDRESS BETHANY, MO.
22c. DATE SIGNED 10-1-59

23a. BURIAL, ~~CREMATION~~, REMOVAL (Specify) BURIAL + Rem.
23b. DATE 10-2-1959
23c. NAME OF CEMETERY OR CREMATORY ROSE HILL
23d. LOCATION (City, town, or county) (State) LAMONI, IOWA.

24. FUNERAL DIRECTOR M. B. Haas ADDRESS BETHANY, MO.
25. DATE RECD. BY LOCAL REG. 10-2-1959
26. REGISTRAR'S SIGNATURE Zella Maxey

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed M B Haas

Signature of Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany

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