

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010422

FILED VS MAR 24 1960

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. 29 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b 2 mo.		c. CITY OR TOWN Arcadia Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. East of Salem			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 mi. West of Roselle			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHRISTIAN NICHOLS OELSEN				4. DATE OF DEATH Month Mar Day 19 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 26 1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Francois Co. Mo. USA		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Peter Oelsen			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Florence Vance Oelsen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Thomas Oelsen, Salem Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VIRUS PNEUMONIA						INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) Cardiac Hypertrophy - Decomensation						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____	Month, Day, Year						
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 MARCH 18 '60 to MARCH 19 '60 and last saw him alive on MARCH 19 '1960 Death occurred at 3.10 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Joseph R. Burnett DO</i> (Degree or title)				22b. ADDRESS <i>Salem Missouri</i>		22c. DATE SIGNED 3-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-21-60	23c. NAME OF CEMETERY OR CREMATORY Roselle Cemetery		23d. LOCATION (City, town, or county) Roselle Mo.		(State)	
24. FUNERAL DIRECTOR White Funeral Home Ironton Mo. <i>Analy White</i>			ADDRESS	25. DATE RECD. BY LOCAL REG. 3/22/60	26. REGISTRAR'S SIGNATURE <i>M.M. Hart, M.D. Lyall</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed *Amel J. White*

Licensed Embalmer No. 3012

P. O. Address *Empton, Va*

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.