

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018245

FILED VS. MAY 31 1960

10

Primary Registration District No.

3002

Registrar's No.

130

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Montgomery City	
Length of stay in 1b 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Sallie Middle Josephine Last Oliver			4. DATE OF DEATH Month May Day 21 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-24-1867	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days 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 Home		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George W. Bosley		13b. MOTHER'S MAIDEN NAME Verona Hoffman	
14. NAME OF HUSBAND OR WIFE None		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. None	
17. INFORMANT Mrs. Frances Hollensteiner		Address Buell, 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) Congestive Heart Failure due to atrial fibrillation chronic degenerative Myocarditis -			INTERVAL BETWEEN ONSET AND DEATH 5-9-60 5-8-60		
DUE TO (b) Chronic degenerative Myocarditis -					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis - Senile Change			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.) X			
20c. TIME OF INJURY Hour 8:00 AM Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	20f. CITY, TOWN, OR LOCATION X		COUNTY	STATE
21. I attended the deceased from 5-9-60 to 5-21-60 and last saw her him alive on 5-20-60 Death occurred at 5-21-60 5:25 am on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) Larry F. O'Brien M.D.		22b. ADDRESS Merame, Missouri		22c. DATE SIGNED 5/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 23, 1960	23c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery	23d. LOCATION (City, town, or county) Montgomery City, Missouri		
24. FUNERAL DIRECTOR Schlanker Funeral Home		ADDRESS Montgomery City Missouri		25. DATE RECD. BY LOCAL REG. May 23-1960	26. REGISTRAR'S SIGNATURE Blanche Neely

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 28 1960

STATEMENT BY LICENSED EMBALMER

JUN 7 1960

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 E. Boone Ashlan

Licensed Embalmer No. 4136

P. O. Address Montgomery

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