

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029244

FILED VS AUG 8 1960

317

Primary Registration District No. 500

Registrar's No. 2246

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FENTON MO</u>		Length of stay in 1b <u>8 DAYS</u>	c. CITY OR TOWN <u>FENTON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FIESER NURSING HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Box 201</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES OSSING</u>			4. DATE OF DEATH Month Day Year <u>7 25 60</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/7/1872</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>SAPPINGTON MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>GERDARDT OSSING</u>		13b. MOTHER'S MAIDEN NAME <u>MATHILDA FREDRICK</u>		14. NAME OF HUSBAND OR WIFE XXXXXXXXXX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>FRED BAST Box 201 FENTON MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis, chronic - myocardial degeneration</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Senility - arteriosclerosis</u>					<u>Indef</u>
DUE TO (c) <u>Cardiac arrhythmia</u>					<u>3 mos</u>
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. <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 Month, Day, Year a.m. p.m.					
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.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>April 1960</u> to <u>25 July 1960</u> and last saw ^{xxx} him alive on <u>25 July 1960</u> Death occurred at <u>3:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Leon Reher</u> (Degree or title)		22b. ADDRESS <u>645 Gravois Rd., Fenton, Mo.</u>		22c. DATE SIGNED <u>7-26-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/28/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Lucas</u>		23d. LOCATION (City, town, or county) (State) <u>SAPPINGTON MO</u>	
24. FUNERAL DIRECTOR <u>Leo H. Fieser Fenton MO.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7-27-60</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>		

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Daniel J. Moore

Licensed Embalmer No. 43

P. O. Address 66 So

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