

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED VS SEP 9 1960

-60-029887

Registration District No. 58 Primary Registration District No. 5215 STATE FILE NUMBER  
Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARTER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - Kelly Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>VAN BUREN</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>90</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>610 RT. 1, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>MAXWELL</u> Last <u>OESCH</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>19</u> Year <u>1960</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>1-27-1918</u>	
9. AGE (In years) <u>42</u>		Months <u>6</u> Days <u>22</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and state or country) <u>OREGON Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Emil L. Oesch</u>			13b. MOTHER'S MAIDEN NAME <u>Chloe King</u>			14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT <u>FAY RANDOLPH, VAN BUREN, 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>CORONARY THROMBOSIS</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>SEVERE RHEUMATIC HEART DISEASE</u>							
DUE TO (c) <u>416X</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>1958</u> to <u>Aug. 10 1960</u> and last saw <sup>her</sup> him alive on <u>Aug. 10, 1960</u> Death occurred at <u>Aug. 19, 1960 6:05 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M.C. Walton M.D.</u>				22b. ADDRESS <u>Mountain View, Mo.</u>		22c. DATE SIGNED <u>8-30-60</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>8-23-60</u>		<u>WILDERNESS CEMETERY</u>		<u>OREGON Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Mc Spadden, VAN BUREN Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Sept. 7-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 ... DONALD SLOAN ....., Student Embalmer No. 606... working under my personal supervision.

Student ... Donald Sloan .....  
Signature of Student Embalmer

Signed ... Allen C. McGee .....

Licensed Embalmer No. 4543 .....

P. O. Address New Britain, CT .....

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.