

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-62-043488  
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 20 1962**

VS 300  
Rev. 4/59

1 2650  
2 20650.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Princeton</b>		c. CITY OR TOWN <b>R. F. D. Cainsville</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>3 1/2 miles S. E. of Cainsville, Mo.</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Gussie</b> Middle <b>Lillian</b> Last <b>Oswalt</b>		4. DATE OF DEATH Month <b>November</b> Day <b>13</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-17-87</b>
9. AGE (last birthday) <b>75</b>		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) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Mercer County, Missouri,</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Garrett Hamilton</b>	
13b. MOTHER'S MAIDEN NAME <b>Mollie Wahls</b>		14. NAME OF HUSBAND OR WIFE <b>Odie Oswald, (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Dick Cottrell, Cainsville, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial insufficiency</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary insufficiency</b>			<b>2 months</b>
DUE TO (c) <b>Coronary arteriosclerosis</b>			<b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Hemiparesis from prior cerebral vascular accident.</b>			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 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. _____	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 <b>Princeton, Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>August 20, 1962</b> to <b>November 13, 62</b> and last saw him alive on <b>November 13, 1962</b> . Death occurred at <b>5:45p</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank H. Jalert</i> (Degree or title) <b>M. D.</b>		22b. ADDRESS <b>Princeton, Mo.</b>	
22c. DATE SIGNED <b>11-15-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-15-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Goshen Cemetery</b>	23d. LOCATION (City, town, or county) <b>RFD Cainsville, Mo.</b>
24. FUNERAL DIRECTOR <b>E. J. Stoklasa,</b>		25. DATE RECD. BY LOCAL REG. <b>11-15-62</b>	
26. ADDRESS <b>Cainsville, Mo.</b>		26. REGISTRAR'S SIGNATURE <i>Paul Miller</i>	

USE BLACK INK OR TYPEWRITER RIBBON

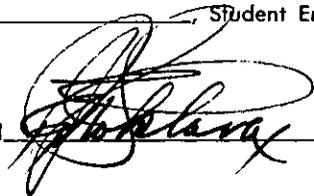
**STATEMENT BY LICENSED EMBALMER**

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

by Eddie J. Stoklasa, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

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.

*Permet at Cainsville 11/15-62 N.M.*