

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

935

State File No.

BIRTH NO. _____ REG. DIST. NO. 437 PRIMARY REG. DIST. NO. 3023 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>CLINTON</u>	c. LENGTH OF STAY (in this place) <u>3 mos</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 N 3rd St</u>		d. STREET ADDRESS (If rural, give location) <u>319 North 3rd</u>	
3. NAME OF DECEASED (Type or Print): a. (First) <u>Thomas</u> b. (Middle) <u>J</u> c. (Last) <u>OSKIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 8 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (in years last birthday) if UNDER 1 YEAR: Months <u>70</u> Days <u>11</u> if UNDER 2 HRS. Hours <u>11</u> Min. _____
11. BIRTHPLACE (State or foreign country) <u>DALLAS TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Oskin</u>		13b. MOTHER'S MAIDEN NAME <u>Phaney Stover</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Oskin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Oskin</u> ADDRESS <u>Clinton Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melmonary Edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Quasarka</u> DUE TO (c) <u>Mixed Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>410X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____	
22. I hereby certify that I attended the deceased from <u>7/26, 1949, to 2-8, 1950</u> , that I last saw the deceased alive on <u>2-7, 1950</u> , and that death occurred at <u>11 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. C. Peeler M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>2/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/11/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethelton Cem</u>	24d. LOCATION (City, town, or county) (state) <u>Clinton Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan-11-50</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Consalus</u>	ADDRESS <u>Clinton Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 26 1950

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1590

Date Filed 1-16-50

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. E. Corralles.....

Licensed Embalmer No. 1891.....

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.