

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41708

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5918</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crosstown Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crosstown Mo.</u> <u>0790</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Willis</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Oster</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12</u> <u>1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		8. DATE OF BIRTH <u>Oct. 23</u> <u>1866</u>		9. AGE (In years last birthday) <u>84</u> If under 1 year: Months _____ Days _____ If under 1 mth: Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) <u>Bollinger Co. Mo.</u> <u>0</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Peter Oster</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bollinger</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernst Hadler Farrar 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis General</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> <u>6 years plus</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____		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>June 11</u> , 19 <u>45</u> , to <u>Dec. 12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 11</u> , 19 <u>50</u> , and that death occurred at <u>9:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Theodore Inscher M.D.</u> (Degree or title)				23b. ADDRESS <u>Altensburg, Mo.</u>		23c. DATE SIGNED <u>12-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> <u>1</u>		24b. DATE <u>Dec. 16 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crosstown Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 18 - 1950</u>		REGISTRAR'S SIGNATURE <u>Joseph J. Zschlatter</u> <u>250</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons Perryville Mo.</u> ADDRESS _____			

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No.

File No. ....

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 .....

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Wallace Young*

Signed.....

Student Embalmer

Licensed Embalmer No. *4027*

P. O. Address *Perryville, 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.