

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDED 13 1939

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39425
Do not use this space.

1. PLACE OF DEATH

(a) County Coppage Registration District No. 222

(b) Township Pilot Grove Primary Registration District No. 4135

(c) City Pilot Grove (d) Street No. _____ Registered No. 15

(e) Length of residence in city or town where death occurred 5 yrs. - mos. - ds. - (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Henry Oster

(a) Residence, No. Pilot Grove (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ella Oster

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-24-1867

8. AGE YEARS 72 MONTHS 8 DAYS 10 If LESS than 1 day, hrs. or min.

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC. Farmer

10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, BANK, ETC. Farm

11. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 5

12. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION 50

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1939, to 11-4, 1939

I last saw him alive on 11-4, 1939. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance: Hypertension

Date of onset 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME Charles Henry Oster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Barbara Kittle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) W. T. Ingram
Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE 11-7-1939

19. FUNERAL DIRECTOR (ADDRESS) Haystack Stoecklein
Pilot Grove, Mo

20. FILED Nov 6 1939 Mrs. E. B. McClutcher Local Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) G. O. Baly, M. D.

(Address) Pilot Grove, Mo

RECEIVED
District Health Officer No. 8,
File Number
1/15/99

STATEMENT BY LICENSED EMBALMER

I, Ceyton E. Hays, Licensed Embalmer No. 3074
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ceyton E. Hays
Licensed Embalmer No. 3074

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.)