

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25961

State File No. _____

Registration District No. 668Primary Registration District No. 3039Registrar's No. 227

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3300 S. Washington Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 10 Months
years, months or days

3. (a) PRINT FULL NAME Wilbur H. Oswalt 2433. (b) If veteran, 493-10-6862 (c) Social Security No. _____
name war. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Alma Lee Oswalt 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 27, 1894
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
46 2 14 hr. _____ min.9. Birthplace Shorter Alabama
(City, town, or county) (State or foreign country)10. Usual occupation Insurance salesman11. Industry or business Life Insurance12. Name Joseph Oswalt13. Birthplace Alabama
(City, town, or county) (State or foreign country)14. Maiden name Calie ??? Alabama
(City, town, or county) (State or foreign country)15. Birthplace Alabama
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Alma Lee Oswalt(b) Address Sedalia, Missouri17. (a) Removal (b) Date thereof July 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Jefferson City, Missouri18. (a) Signature of funeral director Gillespie Funeral Home(b) Address Sedalia, Missouri19. (a) 7/11/40 (b) Mrs. Harry Sneed
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 3300 S. Washington Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1940 hour 11 minute 05 A. M.21. I hereby certify that I attended the deceased from as common, case only, 1940;
that I last saw him alive on July 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Suicide from drinking

Due to _____

Carbolic acid

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide(b) Date of occurrence July 11, 1940(c) Where did injury occur? Sedalia, Pettis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

HomeWhile at work? is (Specify type of place)(e) Manner of injury Drank Carbolic acid23. Signature Arden Tappacher (M. D. or other) MDAddress Commonwealth Co Date signed 7-12-4010
4
4

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
8-9-40
Date Filed

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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, above space should be left blank.