

S. No. 2...
M-5-43
7. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27839

State File No. _____

FILED AUG 20 1946
Registration District No. 236

Primary Registration District No. 4351

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Morgan

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Louisa Casper Ousley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Wm. Ousley 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 1 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Mt. Sterling, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Casper Lempieler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Ficinda Pointer

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul R. Ousley

(b) Address Barnett, Mo.

17. (a) Burial (b) Date thereof 8-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Cemetery

18. (a) Signature of funeral director J. D. Pheasant

(b) Address Cedar, Mo.

19. (a) 8-12-46 (b) J. H. Washburn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1946 hour 4 minute 9 A. M.

21. I hereby certify that I attended the deceased from July 10 1946 to Aug 3 1946

that I last saw her alive on July 28 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Atherosclerosis generalis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations ata

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

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

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature E. Sheldon (M. D. or other) MD

Address Eldon Mo Date signed Aug 5 1946

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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RECEIVED
No. 71
9-26-81
8-13-86
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.....

Louis D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis D. Phillips*
Licensed Embalmer No. *3663*
P. O. Address *Bedou*

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.