

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 320		
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Missouri b. COUNTY Cape Gir.				
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 89 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau				
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Osteopathic Hospital				d. STREET ADDRESS (If rural, give location) 833 Merrimack				
3. NAME OF DECEASED (Type or Print)		a. (First) ANNIE		b. (Middle) M		c. (Last) OSTERLOH		
4. DATE OF DEATH		(Month) Sept		(Day) 18		(Year) 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1)		8. DATE OF BIRTH Apr. - 19 - 1860		
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 4 Days 29		IF UNDER 24 HRS. Hours - Mins. -				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Ernest Osterloh		13b. MOTHER'S MAIDEN NAME Helhelma Loar		14. NAME OF HUSBAND OR WIFE	
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 Miss Naomi Vatt. Cape Gir.				
17. ADDRESS Cape Gir.		MEDICAL CERTIFICATION						
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial degeneration						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) senile degeneration						
		DUE TO (c) senile degeneration						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension and arteriosclerosis						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION		22. AUTOPSY?		
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221				
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 Sep 11 , 1949, to Sep 18 , 1949, that I last saw the deceased alive on Sep 18 , 1949, and that death occurred at 12:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE M. Marcumette Fuller M.D.				23b. ADDRESS 321 N. H. Bldg.		23c. DATE SIGNED 9-20-49.		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/20/49		24c. NAME OF CEMETERY OR CREMATORY Old Calverton		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo		
DATE REC'D BY LOCAL REG. 9-22-1949		REGISTRAR'S SIGNATURE C. C. Summers		44		25. FUNERAL DIRECTOR'S SIGNATURE J. P. Howell		
						ADDRESS Cape Girardeau Mo		

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

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RECEIVED 9-26-49
District Health Officer No. 4
District File Number 949-125
Date Filed _____

JAN 28 1953

SEP 10 1953

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.