

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 108

No. 300
10.48

060

BIRTH NO. _____		REG. DIST. NO. <u>16</u>	PRIMARY REG. DIST. NO. <u>5015</u>	Registrar's No. <u>1</u>
1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> <u>0060</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden City Rural Golden City Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden City Rural Golden City Twp.</u>		
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>Oldiger</u> c. (Last)		4. DATE OF DEATH (Month) - (Day) (Year) <u>Jan. 4, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 23, 1881</u>	9. AGE (In years last birthday) <u>68</u> if UNDER 1 YEAR Months <u>2</u> Days <u>11</u> if UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Early, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Herman Oldiger</u>		13b. MOTHER'S MAIDEN NAME <u>Gosena Momerinck</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Oldiger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>447-16-7953</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Oldiger Golden City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> O ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u> DUE TO (b) <u> </u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>4 20M</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	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) (Min.)	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>January 19 46</u> , to <u>Dec 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 21</u> , 19 <u>49</u> , and that death occurred at <u>11:59 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Luclaf Kuapp, M.D.</u>		23b. ADDRESS <u>Golden City, Mo</u>		23c. DATE SIGNED <u>1-5-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan. 9, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Golden City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 6 - 1950</u>	REGISTRAR'S SIGNATURE <u>Hazel St. Rugh</u>	<u>15</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phillips Funeral Home Golden City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 11 1950

District Health Office No. 6,

District File Number 150-58

Date Filed 1-11-50

JAN 18 1950

VS
JUN 3 1950

VS
JUN 8 1950

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 _____

J. H. Hugh
Licensed Embalmer No. 3278

P. O. Address Golden City 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.