

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26158

State File No.

FILED SEP 14 1951

| | | | | |
|---|----------------------------------|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>34</u> | PRIMARY REG. DIST. NO. <u>4046</u> | Registrar's No. <u>8</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Hartsburg</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hartsburg</u> | | |
| c. LENGTH OF STAY (In this place) <u>50yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Main St.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main St.</u> | | e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main St.</u> | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Julius Dietrick</u> | | b. (Middle) <u>Osterloh</u> |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1951</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>Feb. 8, 1899</u> | 9. AGE (In years last birthday) Months Days <u>52</u> <u>7</u> <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own</u> | | 11. BIRTHPLACE (State or foreign country) <u>Big Spring, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>John Osterloh</u> | | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Bockhorst</u> | | 14. NAME OF HUSBAND OR WIFE <u>Malinda Brune Osterloh</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>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Malindia Osterloh Hartsburg, 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 Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>E. P. Megee, M.D.</u> | | 23b. ADDRESS <u>Hartsburg Mo</u> | | 23c. DATE SIGNED <u>9/10/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 7, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Friden Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Hartsburg, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buescher Jefferson City Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9/10/51</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-13-51

SEP 17 1951

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

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

Jefferson 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.