

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23407**

FILED JUL 1 - 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>	
b. CITY OR TOWN <b>NEVADA</b>		c. CITY OR TOWN <b>RICH HILL</b> <b>1370</b>	
c. LENGTH OF STAY (In this place) <b>8 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NEVADA CITY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>ANTONE</b> c. (Last) <b>OCHSNER</b>			4. DATE OF DEATH <b>JUNE-22-1952</b> (Month) (Day) (Year)		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JANUARY-26-1864</b>	9. AGE (In years last birthday) <b>88</b>	10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GEN. FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>SWITZERLAND</b>	

13a. FATHER'S NAME <b>JOSEPH A. OCHSNER</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>RUTH OCHSNER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Ochsen-Rich Hill, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arteriosclerosis</b>		II. OTHER SIGNIFICANT CONDITIONS		<b>sw. yrs.</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____		
		DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 **6-14**, **1952** to **6-22**, **1952** that I last saw the deceased alive on **6-22**, **1952** and that death occurred at **2:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles Davis, M.D.</b> (Degree or title)	23b. ADDRESS <b>Nevada, Mo.</b>	23c. DATE SIGNED <b>6-24-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE-24-1952</b>	24c. NAME OF GEMETERY OR CREMATORY <b>GREEN LAWN CEM.</b>
		24d. LOCATION (City, town, or county) (State) <b>RICH HILL, MISSOURI</b>

DATE REC'D BY LOCAL REG. <b>6-24-1952</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Funeral Home - Rich Hill, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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

*John E. Underwood*

Licensed Embalmer No. 3585

P. O. Address Ruthe, 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.