

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25287

BIRTH <u>FILED JUL 23 1952</u> <u>43771</u>		REG. DIST. NO. <u>274</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>225</u>
1. PLACE OF DEATH a. COUNTY <u>Pettis 0804</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>		b. COUNTY <u>Pettis 0804</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS <u>1017 S. Lamine</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEROME</u>		b. (Middle) <u>ALFRED</u>		c. (Last) <u>OSWALD</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1952</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>July 8 - 1952</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. <u>0 0 0 16</u>
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) <u>Sedalia, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Leo Oswald</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Eleanor Elam</u>
14. NAME OF HUSBAND OR WIFE <u>*****</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>*****</u>		16. SOCIAL SECURITY NO. <u>*****</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Leo Oswald, Sedalia, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>16 + mins</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>		MEDICAL CERTIFICATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Umbilical strangulation.</u>		
DUE TO (c) <u>none</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7610</u>		
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) <u>7610</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>7-8, 1952</u> , to <u>7-8, 1952</u> , that I last saw the deceased alive on <u>7-8, 1952</u> , and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. J. Hodges, M.D.</u>		23b. ADDRESS <u>312 1/2 S. Ohio, Sedalia, Mo.</u>		23c. DATE SIGNED <u>July 9, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery,</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>		DATE REC'D BY LOCAL REG. <u>7/9/1952</u>		REGISTRAR'S SIGNATURE <u>R. J. Campbell M.D.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Beckert</u>		ADDRESS <u>Sedalia, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.