

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED AUG 31 1953

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Okla</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright, Okla.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Okla. City</u>		8 350 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Newton Hotel</u>				d. STREET ADDRESS (If rural, give location) <u>232 NE 16th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Osterfund</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-2-1891</u>	
9. AGE (In years, last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sylvan Grove, Kan.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Osterfund</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Whitehead</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. B.W. Osterfund</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>440-07-3825</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B.W. Osterfund</u> ADDRESS <u>Okla. City, Okla.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably coronary occlusion</u> ANTECEDENT CAUSES <u>congenital heart disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</u>				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 <u>viewed</u> on <u>Aug 19, 1953</u> 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>Frank Noble Carson</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Wright, Okla.</u>		23c. DATE SIGNED <u>8/19/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 19, 53</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Okla. City</u>	
DATE REC'D BY LOCAL REG. <u>8-19-53</u>		REGISTRAR'S SIGNATURE <u>A.E. Amer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Noble Carson</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 29 1954

SEP 16 1953

SEP 8 1953

WRIGHT CO. HEALTH DEPT.
 County File Number 853-115
 Date Filed 8-29-53

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 Frank Gable

Licensed Embalmer No. 4140

P. O. Address Entin, Iowa, IA

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.