

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 6

1. PLACE OF DEATH  
 a. COUNTY Mercer  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton  
 c. LENGTH OF STAY (in this place) Life  
 d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
 a. STATE Mo. COUNTY Mercer  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Harrison Twp.  
 d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED  
 a. (First) Otis b. (Middle) LeRoy c. (Last) Oswalt

4. DATE OF DEATH Jan. 1, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 11, 1880

9. AGE (In years last birthday) 73  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Oswalt

13b. MOTHER'S MAIDEN NAME Martha Turner

14. NAME OF HUSBAND OR WIFE Gussie Oswalt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Mrs. Dick Cotrell ADDRESS Cainsville, Mo.

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) Chronic pyelonephritis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. \_\_\_\_\_  
 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. Congestive heart failure  
Influenza

INTERVAL BETWEEN ONSET AND DEATH  
7 yrs  
2 years  
1 week

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
0000

20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from April 19, 1946, to Jan 1, 1954, that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 03<sup>30</sup> P. m., from the causes and on the date stated above.

23a. SIGNATURE Martin Lambert M.D. (Degree or title)

23b. ADDRESS Princeton, Mo.

23c. DATE SIGNED Jan 2, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-3-53

24c. NAME OF CEMETERY OR CREMATORY Goshen Ceme.

24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.

DATE REC'D BY LOCAL REG. 1-9-54

REGISTRAR'S SIGNATURE [Signature] 343-0

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Martin Funeral Home Princeton, Mo.

WRITE PLAINLY—USING UNFADING 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 *Ivan Martin*

Licensed Embalmer No. *3260*

P. O. Address *Princeton, N.J.*

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.