FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34072

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4773

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5107 East 22nd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN: Glasgow
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0 45 1

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): AUGUST
c. (Last): OSER

4. DATE OF DEATH (Month) (Day) (Year): October 13 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 18 1875
9. AGE (In years last birthday): 79 — If under 1 year: Months ~~3~~ Days ~~7~~ — 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: Farm
11. BIRTHPLACE (City and State or Foreign Country): Oxford New Jersey
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Oser
13b. MOTHER'S MAIDEN NAME: Susanna (last name unknown)
14. NAME OF HUSBAND OR WIFE: Anna Oser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Maurice Oser
ADDRESS: Mexico, Missouri

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: Aug '54

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* CHRONIC MYOCARDITIS 1950
LEFT HEMIPLGIA Oct 11 1954

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 8, 1954, *to* Oct 13, 1954, *that I last saw the deceased alive on* Oct 11, 1954, *and that death occurred at* 8:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth G. Davis, M.D. (Degree or title) D
23b. ADDRESS: 201 Plaza Theater Bldg. Kansas City, Mo.
23c. DATE SIGNED: 10/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/15/54
24c. NAME OF CEMETERY OR CREMATORY: Washington Cemetery
24d. LOCATION (City, town, or county) (State): Glasgow, Missouri

DATE REC'D BY LOCAL REG.: 10-14-54
REGISTRAR'S SIGNATURE: Nevar Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson L. Kesley
ADDRESS: Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Kenneth A. Davis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dixon L. Kepley.....

Licensed Embalmer No. 4225

P. O. Address Independ

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.