

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27026

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Harrison Twp.			c. LENGTH OF STAY (In this place) All life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Harrison Twp. 2650									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 1/2 miles N. E. of Cainsville				d. STREET ADDRESS (If rural, give location) 4 1/2 miles north east of cainsville									
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) Mary		c. (Last) Oswalt		4. DATE OF DEATH (Month) (Day) (Year) August 11, 1955						
5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH July 10 1875		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Ripley Iowa			12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13a. FATHER'S NAME Joseph N. Clevenger				13b. MOTHER'S MAIDEN NAME Adeline Sadoris			14. NAME OF HUSBAND OR WIFE Charles Lewis Oswalt						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles Lewis Oswalt			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, asthenia, etc. It means the disease, injury, or complication which caused death.										MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis										30 min			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										DUE TO (b) hyper-tension		4 yrs.	
										DUE TO (c) arteriosclerosis		10 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										4201			
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) m.		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 8-8- , 19 55 , to 8-11-55 , 19 55 , that I last saw the deceased alive on 8-9-55 , 19 55 , and that death occurred at 8:00a m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Raymond E. Astell, D.O.					23b. ADDRESS Princeton, Missouri.				23c. DATE SIGNED 8-12-55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery			24d. LOCATION (City, town, or county) (State) Cainsville, Mo.						
DATE REC'D BY LOCAL REG. 8-22-55		REGISTRAR'S SIGNATURE [Signature]			25. EMBALMER'S SIGNATURE [Signature]			ADDRESS Cainsville, Mo.					

(Licensed Embalmer's Statement) (on Reverse Side)

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, 9/7/57

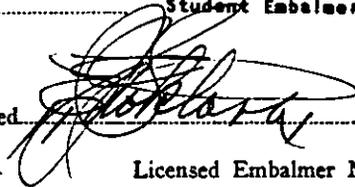
Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.