

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36357**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Boonville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 627 Spruce	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) ANTHONY c. (Last) OSWALD	4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1955					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 16, 1870	9. AGE (In years last birthday) 85	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 agriculture	11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Herman Oswald	13b. MOTHER'S MAIDEN NAME Christine Youngkemp	14. NAME OF HUSBAND OR WIFE Minnie Dumolt Oswald
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mildred Oswald	ADDRESS Boonville, Mo.
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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 Intracerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 days 7 days
	ANTECEDENT CAUSES DUE TO (b) Fall DUE TO (c) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9041			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) Boonville (COUNTY) Cooper (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 25 55 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from **11-25-1955** to **12/2/1955**, that I last saw the deceased alive on **12/1/1955** and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Shacher, M.D.	(Degree or title)	23b. ADDRESS Boonville Mo.	23c. DATE SIGNED 12/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec. 5/55	24c. NAME OF CEMETERY OR CREMATORY S. S. Peter & Pauls	24d. LOCATION (City, town, or county) (State) Boonville, Mo.
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DATE REC'D BY LOCAL REG. 12/3/55	REGISTRAR'S SIGNATURE Hooper	371	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Shacher	ADDRESS Boonville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MS JUN 1 1959

JAN 25 1959

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.....
Signature of Student Embalmer

Signed *Berry W. Shacker*.....

Licensed Embalmer No. *394*.....

P. O. Address *Boonville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.