

300
48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1956

State File No. **15460**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. ~~5075~~ Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY ATCHISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ATCHISON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL (TEMPLETON)		c. CITY (If outside corporate limits, write RURAL and give township) 0030 OR TOWN TEMPLETON TWP	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print)	a. (First) DELLA	b. (Middle) MARIA	c. (Last) OSWALD	4. DATE OF DEATH (Month) (Day) (Year) 6-6-1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7-5-1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 11 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) Rock Port, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME FREDERICK MARLATT	13b. MOTHER'S MAIDEN NAME LILLIE GREBE	14. NAME OF HUSBAND OR WIFE FRANCIS OSWALD (DEC)
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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 Miss Walter Phelps	ADDRESS Rock Port, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis			5 yrs
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent hip fracture			6 weeks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1938**, 19**38**, to **6-6**, 19**56**, that I last saw the deceased alive on **6-1**, 19**56** and that death occurred at **5:14** p.m., from the causes and on the date stated above.

23a. SIGNATURE Conquest B. Stone	(Degree or title) MD	23b. ADDRESS Rock Port, Mo	23c. DATE SIGNED 6-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-8-1956	24c. NAME OF CEMETERY OR CREMATORY GREEN HILL CEM.	24d. LOCATION (City, town, or county) (State) Rock Port, Mo
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DATE REC'D BY LOCAL REG. June 7, 1956	REGISTRAR'S SIGNATURE Mervin J. Scholch	25. FUNERAL DIRECTOR'S SIGNATURE BARTHOLOMEW MORTUARY	ADDRESS Rock Port, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

43

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 Graz Butthalow

Licensed Embalmer No. 3173

P. O. Address Rock Pt. Me.

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.