

S. No. 200
V. 10.48

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

486 State File No. 41052

0361

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 533 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (In this place) 2 days		d. STREET-ADDRESS (If rural, give location) R F D I	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Side Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) Gustav c. (Last) Degner		4. DATE OF DEATH (Month) (Day) (Year) Dec. 16 56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11 1874
9. AGE (In years last birthday) 82		10. MONTHS 3	11. DAYS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary Diehl Degmar
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mary Degmar Sullivan 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Embolicism 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.	
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) (Minute)	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 Dec 11, 1956 to Dec 16, 1956 , that I last saw the deceased alive on Dec 16, 1956 , and that death occurred at 4:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thomas G. Dempsey		23b. ADDRESS 50 Sullivan, Mo.	23c. DATE SIGNED Dec 18, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 19 56	24c. NAME OF CEMETERY OR CREMATORY Dutch Hill	24d. LOCATION (City, town, or county) (State) Franklin
DATE REC'D BY LOCAL REG. 12/19/56	REGISTRAR'S SIGNATURE Thomas G. Dempsey	25. HEALTH DEPARTMENT SIGNATURE Wm. P. Stoffer ADDRESS Sullivan Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Phos. P. Shoffner

Licensed Embalmer No. 24692

P. O. Address Fuller Mo

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.