

Health, Welfare, Public Service

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009445
STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 25

300
57

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| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Haven | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN New Haven <u>0360</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First CAROLINE Middle Last OHSE | | | 4. DATE OF DEATH Month Mar. Day 19 Year 1958 | | |
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|-------------------------|----------------------------------|--|---|--|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> <u>2</u> | 8. DATE OF BIRTH Oct. 5, 1873 | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Month 6 Days 14 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | 11. BIRTHPLACE (City and state or country) Swiss Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Michael Krattly | 13b. MOTHER'S MAIDEN NAME Carrollina Mueller | 14. NAME OF HUSBAND OR WIFE August Ohse |
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| 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. 494-42-2774 | 17. INFORMANT Address Mr. Wm. Ohse New Haven Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 36 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Cardiovascular renal disease | 15 years |
| | DUE TO (c) Generalized arteriosclerosis | 20 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) osteo arthritis | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 | |
| 20c. TIME OF INJURY Hour Month Day Year a.m. p.m. | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from **4/14/47** to **3/19/58** and last saw her alive on **3/18/58**
Death occurred at **7:45** P. a. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE B. P. Csemmann II. D. O. | 22b. ADDRESS New Haven, Mo. | 22c. DATE SIGNED 3/27/58 |
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|--|-------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-22-1958 | 23c. NAME OF CEMETERY OR CREMATORY Port Hudson Lutheran | 23d. LOCATION (City, town, or county) (State) Port Hudson Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS L. C. Fertig & Son New Haven Mo. | 25. DATE RECD. BY LOCAL REG. 3/22/58 | 26. REGISTRAR'S SIGNATURE Nettie Murphy |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 19 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 *Earl O. Jeter*

Licensed Embalmer No. *3375*

P. O. Address *New Haven*

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.