

7. Health,  
& Welfare  
5. Public  
Health Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040992

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 452

5. 300  
1. -57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Otterville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>			Length of stay in 1b <b>2 Hours</b>		d. STREET ADDRESS <b>2 Miles N.W. of Syracuse</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>FRANKLIN</b> Last <b>OSWALD</b>				4. DATE OF DEATH Month <b>12</b> Day <b>2</b> Year <b>58</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 20, 1895</b>		9. AGE (In years last birthday) <b>65</b>	F UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm &amp; Stockman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Pilot Grove Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Jacob Sherman Oswald</b>			13b. MOTHER'S MAIDEN NAME <b>Alice Woolery</b>			14. NAME OF HUSBAND OR WIFE <b>Margaret Oswald</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>440-42-8888</b>		17. INFORMANT Address <b>Mrs Margaret Oswald, Otterville, Mo. R. F. D. 4201</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Coronary Occlusion &amp; Myocardial Infarction</b> DUE TO (b) <b>Hypertensive C-V Disease</b> DUE TO (c) <b>4 hours.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <b>4 hours.</b>
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.)					
20c. TIME OF INJURY Hour a.m. p.m. <b>8:07 pm</b>			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 <b>12-2-58</b> , to <b>12-2-58</b> and last saw <sup>her</sup> him alive on <b>12-2-58</b> Death occurred at <b>8:07 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>P. Siegel MD</b> (Degree or title)					22b. ADDRESS <b>Smithton Mo</b>		22c. DATE SIGNED <b>12/2/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec 5, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Syracuse Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Syracuse, Missouri.</b>		
24. FUNERAL DIRECTOR <b>James E. Richardson</b> ADDRESS <b>TIPTON MO</b>				25. DATE RECD. BY LOCAL REG. <b>Dec 3 1958</b>		26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>		

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 *James E. Richard*

Licensed Embalmer No. *2466*

P. O. Address *Dipton, Ill.*

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.