

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008301
STATE FILE NUMBER

FILED APR 8 1959 Registration District No. 4 Primary Registration District No. Registrar's No. 34

300
1-57

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, give TOWNSHIP only) OR TOWN Fairfax		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rock Port. 06 30 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Com. Hoosp.		Length of stay in lb 2 wks	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last James David Oslin			4. DATE OF DEATH Month Day Year 3 22 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-20-1872	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min. 6 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Atchison County, Mo.	12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME Samuel Oslin	13b. MOTHER'S MAIDEN NAME Sarah Dailey	14. NAME OF HUSBAND OR WIFE Lula Oslin
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 Address Mrs. Chas Bryant, Watson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis 10 years DUE TO (c) 4500'	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 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
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21. I attended the deceased from **July 1952**, to **3-22-59** and last saw ^{her} _(him) alive on **3-22-59**
Death occurred at **10 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wallace Carpenter MD	22b. ADDRESS Rock Port, Mo	22c. DATE SIGNED 3-25-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-25-1959	23c. NAME OF CEMETERY OR CREMATORY Linden Cemetery	23d. LOCATION (City, town, or county) (State) Rock Port, Mo.
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24. FUNERAL DIRECTOR ADDRESS Bartholomew Mortuary, Rock Port.	25. DATE RECD. BY LOCAL REG. Mar 31, 1959	26. REGISTRAR'S SIGNATURE Narwin H. Schaefer
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Just Baertlein*

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.