

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-035066

STATE FILE NUMBER

FILED VS OCT 20 1959

Registration District No. 4

Primary Registration District No.

Registrar's No. 98

V. S. 300
Rev. 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 Polk Twsp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Rock Port | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) Polk Twsp. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Raymond Middle Leroy Last Oslin | | | 4. DATE OF DEATH Month 10 Day 3 Year 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 12-18-1890 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 9 Days 15 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (City and state or country) Atchison Co. 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 Elsie Oslin | |
| 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. 498-40-6150 | 17. INFORMANT Address Mrs Elsie Oslin, Rock Port, 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) Acute Coronary thrombosis DUE TO (b) Coronary arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4561 | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 minutes 5 years. |
| 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. | | | | | |
| 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 July, 52 to Sept. 57 and last saw her ^{him} alive on 11-11-59 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) William C. Cooper, M.D. | | | 22b. ADDRESS Rock Port Mo. | | 22c. DATE SIGNED 11-12-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10-6-1959 | 23c. NAME OF CEMETERY OR CREMATORY Linden Cemetery | | 23d. LOCATION (City, town, or county) (State) Rock Port, Mo. |
| 24. FUNERAL DIRECTOR Bartholomew Mortuary, Rock Port. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. Oct 12, 1959 | BY REGISTRAR'S SIGNATURE Therwin H. Scheeler | |

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

443-0

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 *J. B. Bartholomew*

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.