

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1960

60-002741

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 21

DED

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u>		Length of stay in 1b <u>3 Weeks</u>	c. CITY OR TOWN <u>Perryville</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 <u>Perry Co. Mem. Hos.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rte. # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Leo</u> Middle <u>J.</u> Last <u>Oswald</u>			4. DATE OF DEATH Month <u>2</u> Day <u>2</u> Year <u>60</u>	
---	--	--	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-20-1898</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
--------------------	------------------------------	---	--------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u>	11. BIRTHPLACE (City and state or country) <u>Perry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Benjamin Oswald</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Hemmann</u>	14. NAME OF HUSBAND OR WIFE <u>Hilda Oswald</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-34-0085</u>	17. INFORMANT <u>Mrs. Hilda Oswald, Perryville R.1, Mo</u>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 Yr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		_____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input checked="" type="checkbox"/> Unknown
--	--	---

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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 <u>1-23-59</u> to <u>2-2-60</u> and last saw her alive on <u>2-2-60</u> Death occurred at <u>8: P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree title) <u>J. F. Fairchild MD</u>	22b. ADDRESS <u>Perryville, Mo.</u>	22c. DATE SIGNED <u>2-2-60</u>
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-5-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Imm. Lutheran Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>
--	----------------------------	---	--

24. FUNERAL DIRECTOR <u>Young & Sons Perryville Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-5-60</u>	26. REGISTRAR'S SIGNATURE <u>Jose J. Zoellner</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Edward Young*

Licensed Embalmer No. 2132

P. O. Address *Reserve*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.