RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-043224

STATE FILE NUMBER

ILED VS DEC 6 1960
DED

Registration District No. 314 Primary Registration District No. 4457 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY ST. CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSCEOLA
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osceola Med Hosp
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY ST CLAIR
c. CITY OR TOWN ROSCOE
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARGARET Middle LOUISE Last PASLEY
4. DATE OF DEATH: Month NOV Day 17 Year 1960
5. SEX: F
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 5-5-70
9. AGE (last birthday): 90
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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Roscoe MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: FERDINAND SIEBOLD
13b. MOTHER'S MAIDEN NAME: JULIA STERNMETZ
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: C. M. PASLEY, Address: OSCEOLA MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 Hrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1 July 54, to 17 NOV 60 and last saw her ~~him~~ alive on 17 NOV, 1960
Death occurred at 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. H. Geisler, M.D.
22b. ADDRESS: Osceola Mo
22c. DATE SIGNED: 11-20-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-20-60
23c. NAME OF CEMETERY OR CREMATORY: Roscoe
23d. LOCATION (City, town, or county) (State): Roscoe Mo
24. FUNERAL DIRECTOR ADDRESS: Goodrich Funeral Home, Osceola
25. DATE RECD. BY LOCAL REG.: 11-19-60
26. REGISTRAR'S SIGNATURE: Ruth Beavers

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Osceola

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