

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29355

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1025

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.	
c. LENGTH OF STAY (In this place) 45 Years		11	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1301 Mitchell Ave.		d. STREET ADDRESS (If rural, give location) 1301 Mitchell Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Curtis b. (Middle) R. c. (Last) Oldham			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 14, 1876		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B.P.W.		10b. KIND OF BUSINESS OR INDUSTRY City of St. Joseph	11. BIRTHPLACE (State or foreign country) Cornwall N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Oldham	13b. MOTHER'S MAIDEN NAME Agnes	14. NAME OF HUSBAND OR WIFE Mary Ellen (Deceased)
--------------------------------	---------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Mary A. Oldham	ADDRESS 1301 Mitchell
--	------------------------------	---	-----------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE		3 YEARS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, GENERAL DUE TO (c) _____		8 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PROSTATIC HYPERTROPHY		4.500 14 YEAR	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NO
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. NO	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> NO	21f. HOW DID INJURY OCCUR NO
---	---	------------------------------

22. I hereby certify that I attended the deceased from 2-23, 1949, to 9-18, 1949, that I last saw the deceased alive on 9-18, 1949, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Allen Saterman (Degree or title) M.D.	23b. ADDRESS 317 KIRKPATRICK BLDG.	23c. DATE SIGNED 9-19-49
--	------------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/21/1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
--	---------------------	--	--

DATE REC'D BY LOCAL REG. Sept. 21, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Sidenfaden	ADDRESS 1802 Union St
---	---	---	-----------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed..... *Robert H. Yapple*

Licensed Embalmer No. *3308*

P. O. Address *St. Joseph, 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 this body is not embalmed, fact should be so stated above.