

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8136

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5322 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION:		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sabra</u> b. (Middle) <u>Jain</u> c. (Last) <u>Oxendine</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>23</u> <u>1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>April 15 - 1875</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>75</u> <u>8</u> <u>50P</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cherryville Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>American</u>		13a. FATHER'S NAME <u>James Bryard</u>	
13b. MOTHER'S MAIDEN NAME <u>Sabra Peetz</u>		14. NAME OF HUSBAND OR WIFE <u>John Oxendine</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Oxendine Cherryville</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis - General</u>			<u>5 yrs.</u>
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1942</u> to <u>Dec 23, 1949</u> , that I last saw the deceased alive on <u>Dec 23, 1949</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Am. Robey D.O.</u> (Degree or title)		23b. ADDRESS <u>Steelville Mo</u>	23c. DATE SIGNED <u>3/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-26-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crawford Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-15-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 76	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] 2 San Steelville MO</u>	

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

290

RECEIVED 3-23-50  
District Health Officer No. 5,  
District File Number. 3-50192  
Date Filed 3-24-50

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 \_\_\_\_\_

*Harry M. Jones Embalmed*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Harry M. Jones*

Licensed Embalmer No. 2428

P. O. Address *Street 67 M*

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.