

FILED MAR 2 1951

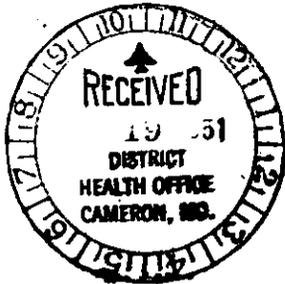
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5296

590

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

| | | | | | | | | |
|---|--|--|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>187</u> | | PRIMARY REG. DIST. NO. <u>4302</u> | | Registrar's No. <u>12</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | | | | |
| b. CITY OR TOWN <u>Child</u> | | c. LENGTH OF STAY (In this place) <u>Lifetime</u> | | c. CITY OR TOWN <u>Child</u> | | 0590 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Harry</u> c. (Last) <u>Oldaker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11 1951</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb 2, 1884</u> | | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u> | IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Oil Worker</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Fuel Oil & Gasoline</u> | | 11. BIRTHPLACE (State or foreign country) <u>Livingston Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Jacob H. Oldaker</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Laura Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Myrtle Oldaker</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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Johnson</u> | | ADDRESS <u>Kennett Mo</u> | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Feb 11, 1951</u> , to <u>Feb 11, 1951</u> , that I last saw the deceased alive on <u>Feb 11, 1951</u> , and that death occurred at <u>12:40A m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>R.W. Young M.D.</u> (Degree or title) <u>0</u> | | | | 23b. ADDRESS <u>Chillicothe, Mo</u> | | 23c. DATE SIGNED <u>Feb 11, 1951</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/13/1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u> | | 24d. LOCATION (City, town, or county) <u>Child</u> (State) <u>Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Feb 11 1951</u> | | REGISTRAR'S SIGNATURE <u>Frances B. Neel</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u> | | ADDRESS <u>Funeral Home Laredo Mo</u> | | |



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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John W Robertson*
Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.