

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6499

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **975**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
2007
Copy by eff
Mech C

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atcham Mo	c. LENGTH OF STAY (In this place) 11 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City 0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 207 Chestnut	

3. NAME OF DECEASED (Type or Print) a. (First) Vergie b. (Middle) Ann c. (Last) OLDHAM			4. DATE OF DEATH (Month) (Day) (Year) 1-26-51		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1889 Jan. 6, 1888	9. AGE (In years last birthday) 62 63	10. IF UNDER 1 YEAR Months 20 IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Crystal City, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Newton Williams		
13b. MOTHER'S MAIDEN NAME Julia Cook			14. NAME OF HUSBAND OR WIFE John Oldham		

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 John Oldham		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>18a. Does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction of the liver			INTERVAL BETWEEN ONSET AND DEATH 2-3 1/2 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Subacute osteomyelitis			

18b. DATE OF OPERATION 1-26-51	19b. MAJOR FINDINGS OF OPERATION None	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 581.0

22. I hereby certify that I attended the deceased from **1-15, 1951**, to **1-26, 1951**, that I last saw the deceased alive on **1-26, 1951**, and that death occurred at **9:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don L Morgan M.D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 1-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 30, 1951	24c. NAME OF CEMETERY OR CREMATORY Gamel	24d. LOCATION (City, town, or county) (State) Festus, Mo.		
DATE REC'D BY LOCAL REG. JAN 31 1951	REGISTRAR'S SIGNATURE J B Parson	FUNERAL DIRECTOR'S SIGNATURE Paul R. Polite		ADDRESS Crystal City, Mo.	

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 *Jerry R. Talbot*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 6499/51
917

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth death
for Vergie Ann Oldham died 1-26-1951, 19....., in the State of
~~born~~ Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. 8 should read Jan. 6 1889

Instead of 1888

Item No. 9 should read Age 62

Instead of 63

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. B. Smith

Fun Dir
Relationship.

Crystal City, Mo.

Present Address.

Subscribed and sworn to before me this 16 day of Feb, 1945.

Edna C. Padlock

Notary Public.

My Commission expires

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951

S-6499

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