

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26203**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 905

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> 0105		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> 0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2918 Felix Street</u>		d. STREET ADDRESS (If rural, give location) <u>2918 Felix Street</u> 0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tacy</u> b. (Middle) <u>Viola</u> c. (Last) <u>Oyerly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 30, 1951.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 18, 1885.</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Adams County, Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James Perry</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bareckman</u>		14. NAME OF HUSBAND OR WIFE <u>James H. Oyerly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) *****		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James H. Oyerly</u> ADDRESS <u>St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</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 <u>Mitral Stenosis</u>			<u>?</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>		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) m.		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 8/18 ¹⁸⁹⁷, to 8/27, 1951, that I last saw the deceased alive on 8/27, 1951, and that death occurred at 12:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Nardigan</u>		23b. ADDRESS <u>620 Francis St</u>		23c. DATE SIGNED <u>8/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 1, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri.</u>	

DATE REC'D BY LOCAL REG. <u>Sept. 5, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casler</u> 446		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. ...</u> ADDRESS <u>St. Joseph, Mo</u>	
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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 ********

Student Embalmer No. ****

working under my personal supervision.

Student ******* ********
Student Embalmer

Signed

Robert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.