

No. 300  
10-48  
FILED NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35639  
State File No. ....

98

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>304L</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>	
c. LENGTH OF STAY (in this place) <u>40 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		0613	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Broadway St.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. DATE OF DEATH	
a. (First) <u>Catherine</u>		b. (Middle) <u>Isabel</u>		c. (Last) <u>Oxley</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 13, 1869</u>	
9. AGE (In years last birthday) <u>83</u>		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>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alex Cochrane</u>		13b. MOTHER'S MAIDEN NAME <u>Charolene Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Charley Oxley</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 ADDRESS <u>Mrs. L.M. Hepple, Columbia, Mo.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</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			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>			
				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)		592X	
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>Jan 20, 1952</u> to <u>Oct 21, 1952</u> , that I last saw the deceased alive on <u>Oct 21, 1952</u> , and that death occurred at <u>11:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. D. Edwards, M.D.</u>				23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>Oct 24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 23, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/30/52</u>		REGISTRAR'S SIGNATURE <u>Auth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert S. ...</u>		ADDRESS <u>Macon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5611

APR 19 1954

RECEIVED 11-10-52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 11-52,170  
Date Filed 11-11-52

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....

Student Embalmer

Signed Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Macon, 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.