

U.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39085

State File No. _____

FILED NOV 28 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie		c. LENGTH OF STAY (In this place) 12 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		485
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			d. STREET ADDRESS (If rural, give location) 108 N. Union		

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) C. c. (Last) Oels			4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1952		
--	--	--	--	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 8, 1913	9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
----------------	---------------------------	---	----------------------------------	------------------------------------	--	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Mountain Home, Mo. U		12. CITIZEN OF WHAT COUNTRY? USA	
--	--	---	--	--	--	-------------------------------------	--

13a. FATHER'S NAME Geo. E. Oels		13b. MOTHER'S MAIDEN NAME Orlenia Chandler		14. NAME OF HUSBAND OR WIFE Mrs. Merile E. Oels	
------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Merile E. Oels, Independence, Mo.			
---	--------------------------------	---	--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION <i>Cardiac de compensation Pneumonia Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 1950	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.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 002 X		
--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	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 1950, 19, to 12/8/52, that I last saw the deceased alive on 12/8, 1952, and that death occurred at 3:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. W. H. ...</i>	23b. ADDRESS 314 W. ...	23c. DATE SIGNED 11/9/52
--	----------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/11/52	24c. NAME OF CEMETERY OR CREMATORY Mount Washington Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
---	-----------------------	---	---

DATE REC'D BY LOCAL REG. 11-12-52	REGISTRAR'S SIGNATURE Donald C. Eardshaw	37 X - 0	25. FUNERAL DIRECTOR'S SIGNATURE J. C. ...	ADDRESS Independence, Mo.
--------------------------------------	---	----------	---	------------------------------

(Licensed Embalmers' Statement on Reverse Side)

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

0480

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 Richard R. Francis

Licensed Embalmer No. 7863

P. O. Address Indy. 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.