

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **253**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Conway	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R # 2.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Leon c. (Last) Oline			4. DATE OF DEATH (Month) (Day) (Year) March 6, 1954
5. SEX M.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 24 1926
9. AGE (In years last birthday) 27	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Buffalo Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME James Walter Oline	13b. MOTHER'S MARDEN NAME Leona George	14. NAME OF HUSBAND OR WIFE Welda Greenell Oline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) World War II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME James W. Oline, Father, Charity Mo. ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myelogenous Leukemia 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 10-19-1953 , to 3-6-1954 , that I last saw the deceased alive on 3-6-1954 , and that death occurred at 8 1/2 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Harold H. Lurie, M.D. (Degree or title)	23b. ADDRESS 404 Professional Bldg. Springfield, Mo.	23c. DATE SIGNED 3-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-8-54	24c. NAME OF CEMETERY OR CREMATORY Green Mountain Cemetery	24d. LOCATION (City, town, or county) (State) Dallas Co. Mo
DATE REC'D BY LOCAL REG. 3-8-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Jones ADDRESS Buffalo, Mo.	

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

MAR 17 1958

Missouri State Board of Health

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 Mavis B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.