

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37961

FILED NOV 24 1954

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 5696		Registrar's No. 189			
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp.		c. LENGTH OF STAY (in this place) 7 years		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles N.W. of Chillicothe				e. STREET ADDRESS (If rural, give location) 7 miles N.W. of Chillicothe 0540					
3. NAME OF DECEASED (Type or Print) a. (First) Anna			b. (Middle) Jane		c. (Last) Oxley		4. DATE OF DEATH (Month) (Day) (Year) November 6, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1866		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Logan County, Ohio		12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Thomas Carson			13b. MOTHER'S MAIDEN NAME Elizabeth (No Record)		14. NAME OF HUSBAND OR WIFE George Newton Oxley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ernie Sneed; R.R.#4; Chillicothe, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ? ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1/22/1				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?					
22. I hereby certify that I attended the deceased from Aug. 1950, to Oct. 23, 1954, that I last saw the deceased alive on Oct 23, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Joseph F. Lep M.D.				23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED 11-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-9-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		24d. LOCATION (City, town, or county) (State) Springhill, Missouri				
DATE REC'D BY LOCAL REG. 11-17-54		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Missouri.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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 by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton Norman*.....

Licensed Embalmer No..4036...

P. O. Address Chillicothe,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.