

Health, Welfare, Public Services

300 -56

I certify, however, that the medical history furnished hereon is true and correct. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012449

STATE FILE NUMBER

2804

FILED MAR 19 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Oklahoma City <i>8359</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b	33 STREET ADDRESS (If outside, give location) 902 Medical Arts Bldg.
3. NAME OF DECEASED (Type or print) First HUESTER Middle B. Last WAILS		4. DATE OF DEATH Month March Day 8 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 28, 1900 <i>57</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) McAllister, Indian Territory
13. FATHER'S NAME George Bond		14. MOTHER'S MAIDEN NAME Lula Routon	
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. None	17. INFORMANT Dr. Theodore G. Wails 902 Medical Arts Bldg.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolus		INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Blood clot	332x
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 12:05 Month 3 Day 6 Year 58 a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Oklahoma City	COUNTY	STATE

21. I attended the deceased from 3/6/58 to 3/8/58 and last saw her her alive on 3/8/58 Death occurred at 12:05 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>F. Bradley</i>	22b. ADDRESS BARNES HOSPITAL M. D.	22c. DATE SIGNED 3/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3 / 10 / 1958	23c. NAME OF CEMETERY OR CREMATORY Oklahoma City Cemetery	23d. LOCATION (City, town, or county) (State) Oklahoma City, Oklahoma
24. FUNERAL DIRECTOR C. R. Lupton & Sons 7233 Delmar Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. MAR 10 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> -m83

(Licensed Embalmer's Statement on Reverse Side)

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 *Arnold W. Schoene*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.