

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017723

STATE FILE NUMBER

FIFT MAY 19 1958 Registration District No. 101 Primary Registration District No. 5405 Registrar's No. 15

300
1-57

340

1. PLACE OF DEATH a. COUNTY Douglas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Drury		Inside Limits #1111 No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Homer Ousley			4. DATE OF DEATH Month May Day 11 Year 1958		
5. SEX Male	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 Dec. 20, 1885		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Drury, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Ousley		13b. MOTHER'S MAIDEN NAME Lyda Ann Alsop	
14. NAME OF HUSBAND OR WIFE Melissa Mae Ousley		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Melissa Mae Ousley, Drury, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wrenia Coney DUE TO (b) Chronic Glomerular Nephritis DUE TO (c) 592X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Chronic Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 12 hr 10-15 yr	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 7-15-1955 to 5-11-58 and last saw ^{him} alive on 5-11-58 Death occurred at 2:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. C. Bentley		(Degree or title) M.D.		22b. ADDRESS Ava Mo	
22c. DATE SIGNED 5-11-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-15-58	
23c. NAME OF CEMETERY OR CREMATORY Peace at Home cem.		23d. LOCATION (City, town, or county) Drury Mo.		(State)	
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. May 14-58	
26. REGISTRAR'S SIGNATURE Wesley Bushman					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Never, however, use any stencils or mimeographs in this form. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Charles R. Fish*

Licensed Embalmer No. *4662*....

P. O. Address *Ava, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. ..

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