

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026435

STATE FILE NUMBER

FILED JUL 16 1958

Registration District No. 267

Primary Registration District No. 5900

Registrar's No. 153

S. 300
y. 1-57

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deering		c. CITY OR TOWN Deering	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Oscar Middle Self Last		4. DATE OF DEATH Month 6 Day 14 Year 58	
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 10-7-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years) OF UNDER 1 YEAR IF UNDER 24 HRS. last birthday 8 Months 0 Days 0 Hours 0 Min.
11a. FATHER'S NAME Unknown		11b. MOTHER'S MAIDEN NAME Unknown	11c. NAME OF HUSBAND OR WIFE Genith Self
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 Fred C. Self Address Deering, 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) Heart Failure DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH 443X
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 8/28/57 to 5/20/58 and last saw her alive on 5/20/58 . Death occurred at 2:30p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lucile E. Halpern, M.D.		22b. ADDRESS Steele, Mo.	22c. DATE SIGNED 6/16/58
23a. BURIAL, CREMATION, REQUIEM (Specify)	23b. DATE 6-15-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion	23d. LOCATION (City, town, or county) (State) Steele, Missouri
24. FUNERAL DIRECTOR ADDRESS German Funeral Home Steele, Mo.		25. DATE RECD. BY LOCAL REG. 7-1-58	26. REGISTRAR'S SIGNATURE John W. German

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

7-190-58

JUL 14 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Noel C Dean*

Licensed Embalmer No. *3941*
P. O. Address *Caruthersville*

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.