Health, & Welfare Public Service

. 300 4
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043420
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Cadwell
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hamilton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Theresa's Nursing Home — Length of stay in Ib: 4 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Caldwell
c. CITY OR TOWN: Hamilton 0130 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Essie Middle: Ora Last: Oldfield

4. DATE OF DEATH: Month: Dec., Day: 18, Year: 1958

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 23, 1878 **9. AGE** (In years last birthday): 80 — 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): Housewife **10b. KIND OF BUSINESS OR INDUSTRY**:

11. BIRTHPLACE (City and state or country): Livingston Co. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Richard M. Baker **13b. MOTHER'S MAIDEN NAME**: Martha Baker **14. NAME OF HUSBAND OR WIFE**: Albert N. Oldfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 500-None-614 **17. INFORMANT**: Albert N. Oldfield Address: Hamilton, 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): Edema of lungs — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Enlargement & Mitral leak — 4 yrs
DUE TO (c): large tumor in Stomach & gall bladder — 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 410X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Nov 1/57, to Dec 18/58 and last saw her/him alive on Dec 18
Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H Bailey Md 2 **22b. ADDRESS**: Gallatin Mo. **22c. DATE SIGNED**: 12/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 12-21-1958 **23c. NAME OF CEMETERY OR CREMATORY**: Highland Cemetery **23d. LOCATION** (City, town, or county): Hamilton (State): Mo.

24. FUNERAL DIRECTOR: Morris A. Bram ADDRESS: Hamilton, Mo. **25. DATE RECD. BY LOCAL REG.**: 1-3-1959 **26. REGISTRAR'S SIGNATURE**: Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

H. Bailey

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 Morris A. Brum

Licensed Embalmer No. 3918

P. O. Address Hamilton

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.