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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000089

STATE FILE NUMBER

Filed FEB 9 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY OR TOWN Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) The Phillips Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN Bowling Green 0821 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Hester Middle Last Olebeare

4. DATE OF DEATH Month Jan. Day 27 Year 1959

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Mar. 1, 1867
9. AGE (In years last birthday) 91 — 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) Pike County Mo. c
12. CITIZEN OF WHAT COUNTRY? United States

13a. FATHER'S NAME Mike Haught
13b. MOTHER'S MAIDEN NAME Matilda Moore
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Verda Kirk Address Louisiana Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 3 Mo.
DUE TO (c) Cardiac enlargement.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulmonary edema. 45CC

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 12-16-58 to 1-27-59 and last saw her alive on 1-19-59
Death occurred at 12 30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Jolley (Degree or title) 0
22b. ADDRESS Mexico, Mo.
22c. DATE SIGNED 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 29-1959
23c. NAME OF CEMETERY OR CREMATORY Lewisville Cemetary
23d. LOCATION (City, town, or county) Pike County, Mo. (State)

24. FUNERAL DIRECTOR William B Waters ADDRESS Vandalia Mo
25. DATE RECD. BY LOCAL REG. Jaw 28-1959
26. REGISTRAR'S SIGNATURE Blanche Seely

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G. FRANK JOLLEY MD

MAR 18 1959

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 William B. Waters

Licensed Embalmer No. 469

P. O. Address Vandalia M

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.