

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008300
STATE FILE NUMBER

LEU MAR 24 1959 Registration District No. 4 Primary Registration District No. Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rock-Port Mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Skidmore Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rest Home</u> Length of stay in lb <u>1 month</u>		d. STREET ADDRESS (If outside, give location) <u>6 mi West Skidmore</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>James Bert Oakeson</u>			4. DATE OF DEATH Month Day Year <u>Mar. 13 - 1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 10 1879</u>		9. AGE (In years last birthday) MONTHS DAYS HOURS MIN. <u>80 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Alfred T. Oakeson</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. <u>NO</u>	17. INFORMANT Address <u>Alonga Oakeson - Maryville Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Congestion - failure.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerotic</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>3 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>450C</u>		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
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21. I attended the deceased from Jan. 1959 to March 1959 and last saw her alive on March 3 1959
Death occurred at 7:30 in on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>James R. Allan, M.D.</u>	22b. ADDRESS <u>Rock Port, Mo</u>	22c. DATE SIGNED <u>3-13-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 14 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Burton Oak Grove cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>6 mi West Skidmore Mo.</u>
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24. FUNERAL DIRECTOR <u>Bertson Funeral Home - Rock-Port</u>	25. DATE RECD. BY LOCAL REG. <u>March 18 1959</u>	26. REGISTRAR'S SIGNATURE <u>Thermin A. Schaefer</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *By Me*....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. B. Bertman*.....
Licensed Embalmer No. *4024*.....
P. O. Address *Rock Point, 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.