

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023258

STATE FILE NUMBER

2 5699

FILED JUL 1 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

S. 300  
1-57  
6  
PI

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Illinois</b> b. COUNTY <b>Macon</b>                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis, Missouri</b>  |                                  | c. CITY OR TOWN <b>Decatur, Ill.</b>  |   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis Children's</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>2233 E. Geddes</b>  |   |
| Length of stay in 1b<br><b>4 Days</b>   |                                  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Elena Marie Oyler</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>6-15-1959</b>                                |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5-25-54</b>  |
| 9. AGE (In years last birthday)<br><b>5 yrs</b>   |                                  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HRS.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Decatur, Illinois</b>                |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                                  | 13a. FATHER'S NAME<br><b>Donald Dean Oyler</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Betty Cravens</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Single</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Alice Trowbridge, 500 S. Kingshighway</b>                 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Severe pulmonary congestion</b><br>DUE TO (b) <b>60-70% body burns 2nd &amp; 3rd degree</b><br>DUE TO (c) <b>9/6-0/6</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>unknown</b><br><b>6-3-59</b><br><b>6-15-59</b> |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                  | 20a. ACCIDENT <input checked="" 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.)<br><b>Child got too close to gas stove at home</b>   |                                  | 20c. TIME OF INJURY? Hour a.m. p.m. Month, Day, Year<br><b>6-3-59</b>   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>7 E Home</b>   |   |
| 20f. CITY, TOWN, OR LOCATION<br><b>Decatur</b>  |                                  | COUNTY <b>Illinois</b> STATE  |   |
| 21. I attended the deceased from <b>6-11-59</b> to <b>6-15-59</b> and last saw her alive on <b>6-15-59</b><br>Death occurred at <b>1:05 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE <b>Richard H. Spitz, M.D.</b>  |                                  | 22b. ADDRESS<br><b>500 S. Kingshighway</b>  |   |
| 22c. DATE SIGNED<br><b>6-15-59</b>  |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |   |
| 23b. DATE<br><b>6-17-59</b>   |                                  | 23c. NAME OF CEMETERY OR CREMATORY  |   |
| 23d. LOCATION (City, town, or county)<br><b>Decatur, Ill.</b>   |                                  | (State)   |   |
| 24. FUNERAL DIRECTOR<br><b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>JUN 15 '59</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Roald Smith, M.D.</b><br><b>mgb</b>   |                                  |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *J W Runkley* .....

Licensed Embalmer No. *7653* .....

P.O. Address *J Lewis* .....

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.