

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024434

FILED VS JUL 17 1959

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 5214 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY CARTER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CARTER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOHNSON TWP		Length of stay in 1b 57 YEARS		c. CITY OR TOWN ELLSINORE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) GEN DELIVERY	
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL ELVA OAKLEY				4. DATE OF DEATH Month Day Year JULY 13 1959			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 6-27-07	
9. AGE (last birthday) 52		IF UNDER 1 YEAR Months Day 0 16		IF UNDER 24 HR Hours Min. 0 16			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRIPPED FROM BIRTH				10b. KIND OF BUSINESS OR INDUSTRY CARTER CO. MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME MARION J. OAKLEY			13b. MOTHER'S MAIDEN NAME SOPHRONIA STRATTON			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) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT M.J. OAKLEY Address ELLSINORE, 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) CORONARY THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH 30 MIN DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) ARTERIOSCLEROSIS							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIED IN SLEEP - FOUND BY NEIGHBOR						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) DEAD ON ARRIVAL			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT-WORK <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 2:00 PM and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (If nurse or title) Colman McGowan				22b. ADDRESS Carroll Van Buren MO		22c. DATE SIGNED 7/13/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 17-59		23c. NAME OF CEMETERY OR CREMATORY NEW HOPE CEMETERY		23d. LOCATION (City, town, or county) (State) CARTER CO., MO.	
24. FUNERAL DIRECTOR MCSADDEN		ADDRESS VAN BUREN MO		25. DATE RECD. BY LOCAL REG. JULY 15-1959		26. REGISTRAR'S SIGNATURE Mrs Oeta Henson	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Allen C. McSp...

Licensed Embalmer No. 4543

P. O. Address Van Buren

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.