

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026087

FILED VS JUL 27 1959 55

5872

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STATE FILE NUMBER

Registration District No. 255 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Oregon		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Highland Koshkonong		a. STATE Missouri b. COUNTY Oregon		c. CITY OR TOWN Highland Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb Lifetime		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ollie Trantham				4. DATE OF DEATH Month Day Year July 11, 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-19-1893	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days 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 Domestic		11. BIRTHPLACE (City and state or country) Oregon County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Israel Huddleton			13b. MOTHER'S MAIDEN NAME Annie Palmer		14. NAME OF HUSBAND OR WIFE Add Trantham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT Address Add Trantham, R 1, Koshkonong, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE						24 HRS	
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS						YEARS	
DUE TO (c) HYPERTENSION, ESSENTIAL						YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYXEDEMA						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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 11-28-56 to 7-11-59 and last saw her alive on 7-10-59. Death occurred at P-m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Jack N. Wilcox, M.D.				22b. ADDRESS West Plains, Mo.		22c. DATE SIGNED 7-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-13-1959		23c. NAME OF CEMETERY OR CREMATORY Redburn Cemetery		23d. LOCATION (City, town, or county) (State) Oregon, County, Missouri	
24. FUNERAL DIRECTOR Address				25. DATE RECD. BY LOCAL REG. 7/28/59		26. REGISTRAR'S SIGNATURE Mrs. W.C. Johnson	

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leeland Carter

Licensed Embalmer No. 45-16

P. O. Address Shreveport

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.