

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027927

FILED VS JUL 28 1959

Registration District No. 980 Primary Registration District No. 4523 Registrar's No. 157

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Vernon</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Schell City</i>		Length of stay in 1b <i>4 years</i>		c. CITY OR TOWN <i>Schell City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Schell City</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Elmer</i> Middle <i>Lee</i> Last <i>Offield</i>				4. DATE OF DEATH Month <i>July</i> Day <i>20</i> Year <i>1959</i>									
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>March 17 1885</i>		9. AGE (last birthday) <i>74 years</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (City and state or country) <i>Cedar Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>					
13a. FATHER'S NAME <i>Louis Offield</i>				13b. MOTHER'S MAIDEN NAME <i>Lucy</i>				14. NAME OF HUSBAND OR WIFE <i>Cordelia Elizabeth Jane Keller</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>491-07-7847</i>		17. INFORMANT Address <i>Mrs. Cordelia Offield Schell City, Mo.</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Apoplexy</i>										INTERVAL BETWEEN ONSET AND DEATH <i>Complete</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								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.)									
20c. TIME OF INJURY Hour <i>None</i> 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.) <i>No injury</i>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from <i>7-20-59</i> to <i>7-20-59</i> and last saw him live on <i>7-20-59</i> Death occurred at <i>2:40 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>J.W. Richardson M.D.</i> (Degree or title)						22b. ADDRESS <i>Ed Dwyer's Alley</i>			22c. DATE SIGNED <i>7-20-59</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>July 22, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Hacklman</i>		23d. LOCATION (City, town, or county) <i>Stockton Missouri</i>							
24. FUNERAL DIRECTOR <i>Lewis + Son</i> ADDRESS <i>Schell City, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>7-25-1959</i>		26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John G. Lewis

Licensed Embalmer No. 4774

P. O. Address Schell City

\*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.