

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1960/44

-60-034605
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5562 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Iron</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arcadia</u>		Length of stay in 1b <u>life</u>	c. CITY OR TOWN <u>Arcadia</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>2 mi. N of Pilot Knob</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 mi. N. of Pilot Knob</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>OLIVER CHARLES WALDRAM</u>			4. DATE OF DEATH Month Day Year <u>Sept. 8 1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-30-1904</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machine operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lead mine</u>	11. BIRTHPLACE (City and state or country) <u>Middlebrook, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Hattie Waldram</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-18-7657</u>	17. INFORMANT Address <u>Mrs. Hattie Waldram, Ironton Mo.</u>			
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>Adeno-carcinoma of right lung (inoperable)</u> DUE TO (b) <u>Metastasis to right clavicle</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
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 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 <u>4-2-60</u> to <u>9-8-60</u> and last saw him alive on <u>9-6-60</u> Death occurred at <u>12.10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (In free or title) <u>R. E. Harland m. D.</u>			22b. ADDRESS <u>Ironton, Missouri</u>		22c. DATE SIGNED <u>9-9-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9-10-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Middlebrook Cemetery</u>	23d. LOCATION (City, town, or county) <u>Middlebrook, Mo.</u>	(State) _____		
24. FUNERAL DIRECTOR ADDRESS <u>White Funeral Home, Ironton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-9-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 23 1960

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 Ansel White

Licensed Embalmer No. 3013

P. O. Address Winton 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.