

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015703

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 634

STATE FILE NUMBER

FILED MAY 8 1963

VS 300
Rev. 4/59

1 0397

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE MISSOURI COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in '1b 27 YEARS.	c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HANDLEY MEMORIAL HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 914 WEST WALNUT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LOUISA D. OLDHAM			4. DATE OF DEATH Month Day Year APRIL 27, 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/16/68
9. AGE (last birthday) 94		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) FREDERICKSBURG, TEXAS
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME HEINRICH JACOBY	
13b. MOTHER'S MAIDEN NAME ANNA N. OTTO		14. NAME OF HUSBAND OR WIFE WM. HAMPTON OLDHAM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. PAUL JEZZARD; SPRINGFIELD, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ? Pulmonary Embolus Thrombophlebitis DUE TO (b) Fractured hip DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Fell at nursing home	
20c. TIME OF INJURY Hour Apr 27 1963 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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.) Home -	20f. CITY, TOWN, OR LOCATION SPFD., MO.
20f. COUNTY SPRINGFIELD, MISSOURI		20f. STATE MO.	
21. I attended the deceased from Apr. 12, 1963 to Apr. 27, 1963 and last saw her alive on Apr. 27, 1963 Death occurred at 8:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edna B. Dauler MD		22b. ADDRESS SPRINGFIELD, MISSOURI	22c. DATE SIGNED 5/3/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/30/63	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY	23d. LOCATION (City, town, or county) SPRINGFIELD, MISSOURI
24. FUNERAL DIRECTOR AYRE-GOODWIN		25. DATE RECD. BY LOCAL REG. 5-6-63	26. REGISTRAR'S SIGNATURE Effie S. M... ..
ADDRESS SPRINGFIELD, MO.		ADDRESS	

USE BLACK INK OR TYPEWRITER RIBBON

Permit 4-31-63

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 [Handwritten Signature]

Licensed Embalmer No. 5156

P. O. Address Springfield, 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.