

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026730

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1998 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 1 1963		1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Hawaii b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Length of stay in 1b 2 mo.'s		c. CITY OR TOWN Kailua Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Fuller Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11639 Ulueo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Margaret Oakes			4. DATE OF DEATH Month 6 Day 21 Year 1963		
5. SEX Female	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-8-1963	9. AGE (last birthday)	IF UNDER 1 YEAR Months 2 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kailua, Hawaii	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William F. Oakes		13b. MOTHER'S MAIDEN NAME Harriett Juckem		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.		17. INFORMANT Address Alice Broholm-716 N. Elizabeth, Ferguson 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) STAPHYLOCOCCAL PNEUMONIA DUE TO (b) IMPETIGO - NEONATAL DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MONGOLISM (DOWN'S SYNDROME) + CONG. HEART DISEASE					INTERVAL BETWEEN ONSET AND DEATH 1 day 7 days
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.		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 Age 2 wks. to death and last saw her ^{her} alive on June 19, '63 Death occurred at St. Louis, Mo. 8 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert C. Schaun MD (Degree or title)		22b. ADDRESS 9293 WATSON RD. ST. L 26		22c. DATE SIGNED 6/22/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 6-22-1963		23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 6-22-63	
26. REGISTRAR'S SIGNATURE John B. Mumfley M.D.					

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

Dr. Robert C. Schaan
3654 So. Grand

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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 No Embalming
L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.