

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-035881**

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3072 Registrar's No. 120

**FILED SEP 24 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10410

20410

3

4 0

5 1

6

7 0

8 2

94201

10

11

1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour: _____<br>a.m. _____<br>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 _____ to _____ and last saw him alive _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  | 22a. SIGNATURE<br><i>Oliver F. Duffin</i>   |  | 22b. ADDRESS<br><i>Sept 16th 1963</i>  |  |
| 23a. BURIAL: CREMATION, REMOVAL (Specify)<br>burial  |  | 23b. DATE<br>Sept. 17, 1963   |  | 23c. NAME OF CEMETERY OR CREMATORY<br>Mitchell Cemetery                                      |  |
| 23d. LOCATION (City, town, or county)<br>Harrison Co. Mo.  |  | 24. FUNERAL DIRECTOR<br><i>Donald A. Steiner</i>  |  | 25. DATE RECD. BY LOCAL REG.<br>Sept. 17-1963  |  |
| 26. REGISTRAR'S SIGNATURE<br><i>Gella Maxey</i>  |  |   |  |  |  |

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Harrison</u>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>                          |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Melbourne</u>   |                                  | Length of stay in 1b<br><u>50 years</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |                                  | c. CITY OR TOWN <u>Melbourne</u>   |   |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  | d. STREET ADDRESS (If outside, give location)  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>FRED L. OFIELD</u>   |                                  | 4. DATE OF DEATH<br>Month Day Year<br><u>September 15, 1963</u>  |   |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>July 27, 1890</u>                              |
| 9. AGE (last birthday)<br><u>73</u>   |                                  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>miner</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>coal</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>         |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |                                  | 13a. FATHER'S NAME<br><u>Charles Ofield</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Margaret Cross</u>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><u>Minnie Ofield</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates)<br><u>no</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>375</u>  | 17. INFORMANT<br>Address<br><u>Mrs. Minnie Ofield, Melbourne, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis / MI</u> |                                  | INTERVAL BETWEEN ONSET AND DEATH   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |

SEP 26 1963

**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 Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, Missouri

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.