

REC'D DEC 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38527

Do not use this space.

## 1. PLACE OF DEATH

(a) County Bates Registration District No. 50  
(b) Township Benton Primary Registration District No. 3004 Registered No. 77  
(c) City Benton (d) Street No. Butler Memorial Hosp. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Montrose No. R. P. 10 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1880  
7. AGE YEARS 58 MONTHS 9 DAYS 20 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Mo

FATHER 13. NAME Thos. Oatley

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) U

MOTHER 15. MAIDEN NAME Annis Moss

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) 1

17. INFORMANT Lucille Oatley (ADDRESS) R. P. 10 Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE Nov 19, 1938

19. FUNERAL DIRECTOR (NAME) Lucius (ADDRESS) Benton, Mo.

20. FILED Nov 19, 1938 New Benton Local Registrar. 58

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1938 to Nov 17, 1938

I last saw him alive on Nov 17, 1938. Death is said

to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis  
12/1

Other contributory causes of importance:

Captured appendix.

Name of operation Appendectomy Date of Nov 15, 1938

What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Chas. G. Beck Jr., M. D.

(Address) Benton, Mo.

RECEIVED

District Health Officer No. 7,  
District File Number: 7-38-531  
Date Filed: 12-9-38

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 Denton Lisle

Registered Apprentice No. 163, working under my personal supervision.

Signed: Henry G. Newell

Licensed Embalmer No. 3111

P. O. Address: Butler 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 this body is not embalmed, above space should be left blank.