

REC'D MAY 24 1939

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

16381

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 6160 Registered No. 107
 (c) City Nevada (d) Street No. Nevada, Mo. R.F.D. 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 0 yrs. 1 mos. 25 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Shirley Lou Oyer

(a) Residence, No. Nevada, Mo. R.F.D. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 1 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Nevada, Missouri (STATE OR COUNTRY)

13. NAME Frank W. Oyer

14. BIRTHPLACE (CITY OR TOWN) Nevada, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Lucilla Carpenter

16. BIRTHPLACE (CITY OR TOWN) Dyersfield, Missouri (STATE OR COUNTRY)

17. INFORMANT Frank W. Oyer (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dyerswood Cemetery DATE April 11, 1939

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home (ADDRESS) Nevada, Mo.

20. FILED 4-14 1939 Allen V. Kays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1939, to April 9, 1939

I last saw her alive on April 5, 1939 Death is said to have occurred on the date stated above, at 4:00 A.M.

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

Status thymus-lymphaticus Cong. Date of onset 6/7

Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) R. W. Pease M. D.
 (Address) Nevada, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-231
Date Filed 8-29

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

Signed..... *Lloyd R. Winsett*

Licensed Embalmer No. *3857*

P. O. Address *Hewada, 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.