

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **887** Primary Registration District No. **6189** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Washington**
(b) City or town **Cadet**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Washington**
(c) City or town **Cadet**
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? **not** _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**, 19**40**
year _____ hour **8:30 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **April 20**, 19**40** to **April 23**, 19**40**
that I last saw him alive on **April 23**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity** Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **808** _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. F. Fusswell** (M. D. or other) _____
Address **Cadet Mo** Date signed **4/24/40**

3. (a) PRINT FULL NAME **Floyd Edward Oakia**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 20** 19**40**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Cadet** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Floyd J. Oakia**
13. Birthplace **Blackwell Mo** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann Oakia**
15. Birthplace **Cadet** (City, town, or county) (State or foreign country)

16. (a) Informant **Floyd J. Oakia**
(b) Address **Cadet Mo**
17. (a) **Cadet Rural** (b) Date thereof **4/23/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Cadet**

18. (a) Signature of funeral director **none**
(b) Address _____

19. (a) **June 1-40** (b) **G. F. Fusswell**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.