S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

Registration District No. 132

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5480

State File No. 36758

Registrar's No. 36758

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Rural - Trenton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution R.F.D. #1 Trenton Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 68 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Galt Route 1, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Novy Elbert Oyler

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lorie Oyler

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 12, (Day) 1878 (Year)

8. AGE: Years 68 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Grundy Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Cornelius Benton Oyler
13. Birthplace Grundy Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Nancy Shafer
15. Birthplace Grundy Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs N E Oyler

(b) Address R7D#1 Galt Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov, 6 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Raymond A Dawson

(b) Address Trenton Mo

19. (a) 11/6/46 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1946 hour 7:43 minute A M.

21. I hereby certify that I attended the deceased from a few years prior to Nov. 3, 1946; that I last saw him alive on Nov. 1, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Few min.
Due to Arterio-schleroses	Few years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 A
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C H Cullers M.D. (M. D. or other)

Address Trenton Mo Date signed 11-4-46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Donald H. Slater, Registered Apprentice No. 452, working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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, fact should be so stated above.