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

FILED APR 15 1949

STANDARD CERTIFICATE OF DEATH

Dr. Conrad & Hurst
State File No. 8842

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 204 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Washer.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Okl.</u> b. COUNTY <u>Ottawa</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Wagoner</u> d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wagoner</u> c. LENGTH OF STAY (If in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wagoner</u> d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Ann</u> c. (Last) <u>Maloney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-6-49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Sept 23-1863</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>	11. BIRTHPLACE (State or foreign country) <u>Salvan County Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Salvan County Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>B. F. Williams</u>	
13a. FATHER'S NAME <u>B. F. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Turner</u>	
14. NAME OF HUSBAND OR WIFE <u>L. Maloney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Holter</u> ADDRESS <u>Wagoner Okla. RFD #2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical Shock</u> ANTECEDENT CAUSES <u>Fractured Left femur</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>4-6-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fractured neck of left femur</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Wagoner Okla. Ottawa Co.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 2 49 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell on floor</u>		22. I hereby certify that I attended the deceased from <u>4-2-1949</u> , to <u>4-6-1949</u> , that I last saw the deceased alive on <u>4-6-1949</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Leebeard Conrad M.D.</u>		23b. ADDRESS <u>Wagoner Okla.</u>	
23c. DATE SIGNED <u>4-2-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>4-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roller Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wagoner Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Home</u> ADDRESS <u>Wagoner Okla.</u>	
DATE REC'D BY LOCAL REG. <u>4-8-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 _____

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Lance Wene

Licensed Embalmer No. 2880 mo.

P. O. Address Baytown Spgs. Pa.

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.