

STANDARD CERTIFICATE OF DEATH

590
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5696 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, write RURAL and give township) Rural Jackson Twp.
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Livingston
c. CITY (If outside corporate limits, write RURAL and give township) Springhill 059!
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) George b. (Middle) Newton c. (Last) Oxley
4. DATE OF DEATH (Month) (Day) (Year) October 14, 1950

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 24, 1863 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hamburg, Iowa 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Aaron Oxley 13b. MOTHER'S MAIDEN NAME Harriet McFarland 14. NAME OF HUSBAND OR WIFE Anna Jane Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs. George N. Oxley; ADDRESS Springhill, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of left foot
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) MI
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) MI
INTERVAL BETWEEN ONSET AND DEATH Oct 1, 1950 15 yrs 26 yrs 45-01

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP); (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Oct 14, 1950, that I last saw the deceased alive on Oct 11, 1950 and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD 23b. ADDRESS [Address] 23c. DATE SIGNED Oct 16, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-17-50 24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant 24d. LOCATION (City, town, or county) (State) Livingston Co., Missouri

DATE REC'D BY LOCAL REG. Oct 16/50 REGISTRAR'S SIGNATURE [Signature] 171 25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; ADDRESS Chillicothe, Missouri



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.....

..... Elton F. Norman

working under my personal supervision.

Student Embalmer No.....

Signed.....

Elton F. Norman

Signed.....

Student Embalmer

Licensed Embalmer No..... 4036

P. O. Address Chillicothe, Missouri.....

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.