

No. 300
10. 48

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34233

737

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 2047 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) Noel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hosp.		d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) Theodore Emmit Oakes			4. DATE OF DEATH (Month) (Day) (Year) Oct. 17 50		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 12 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Days 6
IF UNDER 1 YEAR Hours 5	IF UNDER 24 HRS. Hours 5	IF UNDER 24 HRS. Min. 5	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber buyer		10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Alexander Oakes		13b. MOTHER'S MAIDEN NAME Rebecca Hammond		14. NAME OF HUSBAND OR WIFE Betty Oakes Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Vera Alexander Noel, Mo. R#1		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Failure			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterial Thrombosis			
		DUE TO (c) Unknown			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema					57R2
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 14th , 1950, to Oct 17th , 1950, that I last saw the deceased alive on Oct 17th , 1950, and that death occurred at 2:54 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Melvin C. Bowman M.D.			23b. ADDRESS Neosho Mo		23c. DATE SIGNED Oct 18-1950
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10/20/50	24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cem.		24d. LOCATION (City, town, or county) (State) Gravitt, Arkansas R#	
DATE REC'D BY LOCAL REG. Oct. 18, 1950	REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Morris Pope	ADDRESS Wheaton, Mo.	

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 1050-227
Date Filed 10/25/50

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W^m Morris Payne

Licensed Embalmer No. 3442

P. O. Address Newton, 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.