

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43392
State File No.

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 120

1080
2

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> 1750	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Washington Township</u> c. LENGTH OF STAY (in this place) <u>3 yrs 7 mos 2 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 3</u>		d. STREET ADDRESS (If rural, give location) <u>Alton Pt. 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Oline</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 9-1881</u>
9. AGE (in years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u>	IF UNDER 18 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Repley Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Henry Oline</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Ann Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Oline</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Dahmer</u>		ADDRESS <u>2057-13th St. Granite City, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>Unknown</u>	
DUE TO (c) _____		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>4-20-11</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
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) (Min.)		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 <u>Aug 18, 1950</u> , to <u>Dec. 1, 1950</u> , that I last saw the deceased alive on <u>Nov. 30, 1950</u> , and that death occurred at <u>3:42 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>George M. Bistler, M.D.</u>		23b. ADDRESS <u>State Hosp # 3, Nevada, Mo.</u>	
23c. DATE SIGNED <u>Dec. 1-1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>12-1-50</u>		24c. NAME OF CEMETERY-OR CREMATORY <u>Douglas</u>	
24d. LOCATION (City, town, or county) (State) <u>Douglas Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Black & Edwards</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Hance</u> 331 ADDRESS <u>Douglas, Mo.</u>	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 11 1950

Dist. File 1250-2478

Date Filed 12-14-50

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wash. Eichinger

Licensed Embalmer No. 26576

P. O. Address Neada, 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.