

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9137**

BIRTH NO. _____ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **3083** Registrar's No. **453**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ka. b. COUNTY Sumner	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon		c. CITY (If outside corporate limits, write RURAL and give township) Caldwell Ka	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 521 S. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial Hospital			
3. NAME OF DECEASED a. (First) Clara (Type or Print)		b. (Middle) B c. (Last) Oerke	
4. DATE OF DEATH (Month) (Day) (Year) 3 25 51		5. SEX F	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow ✓	
8. DATE OF BIRTH Jan. 1, 1864		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Haskins		13b. MOTHER'S MAIDEN NAME Sylvia Andrews	
14. NAME OF HUSBAND OR WIFE John Oerke		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. B. E. Vicle	
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) _____ m.		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 3-23, 1951 , to 3-25, 1951 , that I last saw the deceased alive on 3-24, 1951 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE H. Carrington O. M. R.		23b. ADDRESS Lebanon, Mo.	
23c. DATE SIGNED 3-25-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-27-51		24c. NAME OF CEMETERY OR CREMATORY Caldwell Cemetery	
24d. LOCATION (City, town, or county) Okla.		24e. (State)	
DATE REC'D BY LOCAL REG. 3-28-1951		REGISTRAR'S SIGNATURE Hella S. May	
25. FUNERAL DIRECTOR'S SIGNATURE Palmer		ADDRESS Lebanon Mo	

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

0537
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Received **MAR 31 1951**
Laclede County Health Unit
File No. 4-51-51
Date Filed **APR 2 1951**

APR 20 1951

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 Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Libanon, 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.