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

# STANDARD CERTIFICATE OF DEATH

State File No. **24134**

FILED AUG 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6036** Registrar's No. **223**

1. PLACE OF DEATH a. COUNTY <b>Ripley Shirley Twp</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>COOK</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>DONIPHAN #7</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CHICAGO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NEIL</b>	b. (Middle)	c. (Last) <b>OLAND</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4-18-1951</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>6-15-1889</b>	9. AGE (In years last birthday) Months Days <b>61 10 3</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MILWAIGHT</b>	11. BIRTHPLACE (State or foreign country) <b>OSHAWAY COUNTY Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>CECILIA</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>935-07-0132</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MR FRANCIS OLAND</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Information available on the</b>		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) <b>Condition of body when found</b> DUE TO (c) <b>indicated that he died 4-18-51</b>		
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 <b>79.53</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Francis Oland</b>	(Degree or title)	23b. ADDRESS <b>Doniphan Mo</b>	23c. DATE SIGNED <b>7-10-51</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-30-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DONIPHAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>DONIPHAN MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-11-51</b>	REGISTRAR'S SIGNATURE <b>E. W. Johnston</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. W. Edwards</b>	ADDRESS <b>Doniphan Mo.</b>
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