

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9413**

State File No. ....

No. 300  
10. 48

**APR 9 1952**  
BIRTH NO. 0810

REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 66

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Phelps</b>	a. STATE <b>Missouri</b>		b. COUNTY <b>Phelps</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	c. LENGTH OF STAY (in this place) <b>18 hrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Rolla Township</b> <span style="float: right;">0810 0</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps County Mem. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>MINNIE</b>	b. (Middle) <b>MAY</b>	c. (Last) <b>OAKES</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 29, 1952</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>July 19, 1890</b>	<b>9. AGE</b> (In years last birthday) <b>61</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Franklin County, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>Joseph McMullen</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Ely</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Rainey Oakes</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Rainey D. Oakes</b>	<b>ADDRESS</b> <b>Rt. 1 Rolla, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>diabetic coma</b>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>diabetic melitus</b> DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>260X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 3:28 PM, to 3:49 PM, 1952, that I last saw the deceased alive on 3/29, 1952, and that death occurred at 6:00 PM, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title)	<b>23b. ADDRESS</b> <b>Rolla, Mo.</b>	<b>23c. DATE SIGNED</b> <b>3/29/52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>April 1, 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Lonedell, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>April 3, 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Nadine L. Stella</b> <span style="float: right;">380</span>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Paul E. Null</b>	<b>ADDRESS</b> <b>Rolla, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

County File Number \_\_\_\_\_  
Date Filed 4-7-52

APR 21 1952

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.