

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15660**

**FILED MAY 19 1952**

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 515

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Ophearsburg</u> <u>1401</u>	
c. LENGTH OF STAY (In this place) <u>19 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle)	c. (Last) <u>Oatman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 11-1952</u>
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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>July 24-1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>17</u> Min.
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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>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. W. Oatman</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth North</u>	14. NAME OF HUSBAND OR WIFE <u>Idella Oatman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Idella Oatman</u> ADDRESS <u>Ophearsburg Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinson's Disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	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)
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 April 22, 1952, to May 11, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jordan Thomas M.D.</u>	23b. ADDRESS <u>St Joseph Mo of State Hospital No 2</u>	23c. DATE SIGNED <u>5/11/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/11/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ophearsburg</u>	24d. LOCATION (City, town, or county) (State) <u>Missouri</u>
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DATE REC'D BY LOCAL REG. <u>MAY 15, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schauber Funeral Home</u> ADDRESS <u>Ophearsburg Mo</u>
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**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.

Signed Charles E. Bennett.....

Signed.....  
..... Student Embalmer

Licensed Embalmer No. 4677.....

P. O. Address St Joseph 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.