

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34008**

No. 300
10.48
FILED

SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **145**

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
c. LENGTH OF STAY (In this place) 10 year			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1002 West Cherry		d. STREET ADDRESS (If rural, give location) 1002 West Cherry	
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Fletcher	
		c. (Last) Oxford.	
4. DATE OF DEATH July 5 1952			
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 10 1866
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR: Months _____ Days _____	
11. UNDER 1 YEAR: Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Earning		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and State or Foreign Country) Bethany, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Oxford		13b. MOTHER'S MAIDEN NAME Hannah King	
14. NAME OF HUSBAND OR WIFE Sarah Oxford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Velma Lichtner		ADDRESS Parsons, Kans.	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Advanced age	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None known	
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) _____		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 4-12 , 19 52 , to 7-5 , 19 52 that I last saw the deceased alive on 7-5 , 19 52 , and that death occurred at 1 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE W. Love MD (Degree or title)		23b. ADDRESS Nevada, Mo.	
23c. DATE SIGNED 8-2-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 8 1952	
24c. NAME OF CEMETERY OR CREMATORY Bickett Cemetery		24d. LOCATION (City, town, or county) (State) Vernon County Missouri	
DATE REC'D BY LOCAL REG. 9-13-52		REGISTRAR'S SIGNATURE Anna E. Ferris	
25. FUNERAL DIRECTOR'S SIGNATURE Berry Funeral Home		ADDRESS Nevada, Missouri	

(If licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

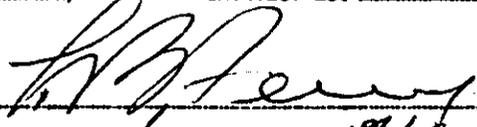
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 7260

P. O. Address Nevada 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.