No. 300
10.48

FILED MAY 29 1953

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

State File No. 18454

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 107

493C

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mc Cune-Brooks Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 0493
d. STREET ADDRESS (If rural, give location): 1202 River

**3. NAME OF DECEASED** (Type or Print)
a. (First): Everett
b. (Middle): William
c. (Last): Oexman

**4. DATE OF DEATH** (Month) (Day) (Year): 5-19-1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: 5-13-1922
**9. AGE** (In years last birthday): 31 — 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): Oil Company
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country): Sarcoxie, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: W.M. oexman
**13b. MOTHER'S MAIDEN NAME**: Eula Cooper
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 500050243
**17. INFORMANT'S SIGNATURE OR NAME**: W.M. Oexman — **ADDRESS**: Carthage, Missouri

**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) Malignancy of bone marrow (type unknown) — 6 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Possible primary malignancy in GI tract — 7-8 mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Marked anemia — 4 mos.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 159X
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4-2, 1953, *to* 5-19, 1953, *that I last saw the deceased alive on* 5-19, 1953 *and that death occurred at* 8:32 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Grover S. Pattison (Degree or title) MD
**23b. ADDRESS**: 506 S. Main, Carthage, Mo
**23c. DATE SIGNED**: 5-19-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5-21-1953
**24c. NAME OF CEMETERY OR CREMATORY**: Park Cemetery
**24d. LOCATION** (City, town, or county) (State): Carthage Mo.

**DATE REC'D BY LOCAL REG.**: 5-21-53
**REGISTRAR'S SIGNATURE**: L.B. Clinton, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** — **ADDRESS**: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-28-53
Jasper County Health Office
County File Number 53-5-464
Date Filed 5-28-53

JUN 5 1953

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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.

Student .....
Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage, 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.