

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23680**

FILED JUN 30 1953

BIRTH NO.		REG. DIST. NO. 358	PRIMARY REG. DIST. NO. 4524	Registrar's No. 11
1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Vernon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walker		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walker, 1080
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Walker, Mo.		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Amil		b. (Middle) Gustave		c. (Last) Oyer
4. DATE OF DEATH (Month) (Day) (Year) 6/21/53		5. SEX Male		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 17th, 1870
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 3 Days 4		IF UNDER 1 HR. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Greely Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Oyer		
13b. MOTHER'S MAIDEN NAME Anna		14. NAME OF HUSBAND OR WIFE Maggie Neal		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Maggie Oyer, Walker, Mo.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular-renal disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 wks.
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 6-27 , 19 52 , to 6-21 , 19 53 , that I last saw the deceased alive on 6/21/53 , 19 , and that death occurred at 6:50A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Dr. Braxton Davis, M.D.		23b. ADDRESS Nevada, Mo.		23c. DATE SIGNED 6-22-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/23/53		24c. NAME OF CEMETERY OR CREMATORY Deepwood cemetery
24d. LOCATION (City, town, or county) (State) Nevada, Mo.		DATE REC'D BY LOCAL REG. 6-23-53		
REGISTRAR'S SIGNATURE Bliss B. Daily		463		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eichinger Funeral Home, Nevada, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Mark Eidegger

Licensed Embalmer No. 22656

P. O. Address Newcastle 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.