

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

**35282**

**FILED OCT 19 1953**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4081 Registrar's No. 10

<b>1. PLACE OF DEATH</b> a. COUNTY <u>CARROLL</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOSWORTH MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOSWORTH MO</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>ANNIE</u>	a. (First)	b. (Middle) <u>C</u>	c. (Last) <u>OLDHAM</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct 9 - 1953</u>
--	------------	----------------------	-------------------------	--

<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>single</u>	<b>8. DATE OF BIRTH</b> <u>Sept 10 - 1866</u>	<b>9. AGE</b> (In years last birthday) <u>87</u>	<b>IF UNDER 1 YEAR</b> Months <u>29</u> Days	<b>IF UNDER 24 HRS.</b> Hours	<b>IF UNDER 15 MIN.</b> Min.
------------------------	----------------------------------	---	---	--	---	----------------------------------	---------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House work</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Jefferson Co. Iowa</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b>
--	--	--	-------------------------------------

<b>13a. FATHER'S NAME</b> <u>W. B. OLDHAM</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>ANN CARR</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
---	--	------------------------------------

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>ROY OLDHAM</u>	<b>ADDRESS</b> <u>BOSWORTH MO</u>
---	--------------------------------	--	-----------------------------------

<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, ashenia, 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) <u>Senility + Arthritis.</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (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. <u>Endocarditis</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>725X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	---

<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>
---	---	--

<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>
---	--	-----------------------------------

**22. I hereby certify that I attended the deceased from** Jan 1950, to Oct 9, 1953, that I last saw the deceased alive on Oct 3, 1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. Pearl Koch</u>	<b>23b. ADDRESS</b> <u>Bosworth Mo</u>	<b>23c. DATE SIGNED</b> <u>Oct 9, 1953</u>
---	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Oct. 11, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Wheaton Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>BOSWORTH MO</u>
--	---------------------------------------	---	---

<b>DATE REC'D BY LOCAL REG.</b> <u>Oct 11 - 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Pearl Koch</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Leipard &amp; Edwards</u>	<b>ADDRESS</b> <u>Bosworth Mo</u>
--	--	--	-----------------------------------

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

FEB 7 1955

AUG 4 1954

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 *David J. Edwards*

Licensed Embalmer No. *3265*

P. O. Address *Bowen 2nd mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.