

FILED NOV 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36215**

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5375** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY McDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) GRANDVIEW		c. LENGTH OF STAY (in this place) 3 WEEKS	c. CITY OR TOWN SOUTHWEST CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION GRANDVIEW RESTORUM		e. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) Y c. (Last) OYLER	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 31 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 16 1869	9. AGE (In years last birthday) 84	10. MONTHS 8	11. DAYS 4	12. HOURS 0	13. MIN. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) HENRY COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN CLARK	13b. MOTHER'S MAIDEN NAME REBECCA COOPER	14. NAME OF HUSBAND OR WIFE CHARLES OYLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE AND ADDRESS MRS. LEILA MEAD 621 E. 7th TERR. KANSAS CITY, MO
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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, asthma, 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) Cardiac Insufficiency of failure	DUE TO (b) Carcinoma, metastatic	5 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			6 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 15, 1953**, to **Oct 30, 1953**, that I last saw the deceased alive on **Oct 30, 1953**, and that death occurred at **4:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dan D. Hooper MD	23b. ADDRESS Grandview, MO	23c. DATE SIGNED Oct 31-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT 31 1953	24c. NAME OF CEMETERY OR CREMATORY SOUTHWEST CITY CEMETERY	24d. LOCATION (City, town, or county) (State) SOUTHWEST CITY MISSOURI
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DATE REC'D BY LOCAL REG. OCT 31 1953	REGISTRAR'S SIGNATURE Dr. Anne S. Madigan	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. H. Newcomer 1331 BRUSH CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

7000
4

DEC 16 1954

FEB 18 1954

DEC 12 1958

AUG 8 1956

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.....
Signature of Student Embalmer

Signed.....
Robert E. Nelson

Licensed Embalmer No. 484

P. O. Address.....
K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.