

STANDARD CERTIFICATE OF DEATH

State File No. **36837**

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **129**

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| 1. PLACE OF DEATH a. COUNTY Polk | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Dimmitt Mem. Hospital | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|-----------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) LEOLA | b. (Middle) T. | c. (Last) OLDHAM | 4. DATE OF DEATH Oct. 15, 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 Aug. 14, 1875 | 9. AGE (In years last birthday) 78 | if UNDER 1 YEAR 2 Months | if UNDER 1 YEAR 1 Days | if UNDER 1 HR. Hours | if UNDER 1 HR. Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|---------------------------------|-------------------------------|------------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Dade County, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA. |
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| 13a. FATHER'S NAME Perry J. Pickett | 13b. MOTHER'S MAIDEN NAME Sarah Kessler | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Man Oldham - Stockton, Mo. | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture neck Right Femur | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 02 (STATE) |
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| | | |
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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 **October 1953** to **October 1953**, that I last saw the deceased alive on **October 13, 1953**, and that death occurred at **5:24 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE J. H. Robinson M.D. | (Degree or title) | 23b. ADDRESS Humansville, Mo. | 23c. DATE SIGNED 10/16/53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-17-1953 | 24c. NAME OF CEMETERY OR CREMATORY Stockton City Cem. | 24d. LOCATION (City, town, or county) (State) Stockton, Mo. |
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| DATE REC'D BY LOCAL REG. 10-17-53 | REGISTRAR'S SIGNATURE Ralph Gordon | 25. FUNERAL DIRECTOR'S SIGNATURE Butler Funeral Home - Stockton, Mo. | ADDRESS |
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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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.