

FILED APR 23 1954

## STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 2 1/2 yrs		c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital				e. STREET ADDRESS (If rural, give location) 1123 Grand Ave <u>0493</u>			
3. NAME OF DECEASED (Type or Print) a. (First) SILAS			b. (Middle) EVANS		c. (Last) OLDHAM		4. DATE OF DEATH (Month) (Day) (Year) April 13, 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept 8-1876		9. AGE (in years last birthday) 77		10. <input type="checkbox"/> UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. insurance man	10b. KIND OF BUSINESS OR INDUSTRY insurance		11. BIRTHPLACE (City and State or Foreign Country) Fayette County, Ky		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William A. Oldham		13b. MOTHER'S MAIDEN NAME Talitha Evans		14. NAME OF HUSBAND OR WIFE ---			
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. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. J.T. Wallace, 1123 Grand, Carthage, 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) Respiratory failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lung Abscess  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 1. Chronic myocarditis Conditions contributing to the death but not related to the disease or condition causing death. 2. Generalized Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 1 hour  2 weeks  10 yrs. <input checked="" type="checkbox"/> 10 yrs. <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  521 X					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 Dec. 11, 1951, to April 13, 1954, that I last saw the deceased alive on April 13, 1954, and that death occurred at 4 p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Wallace</u> (Degree or title) MD				23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 4-14-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE 4-15-54	24c. NAME OF CEMETERY OR CREMATORY Newcomers Crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Mo			
DATE REC'D BY LOCAL REG. 4-15-54	REGISTRAR'S SIGNATURE <u>Rayd B. Clinton</u> MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 28 1955

JUN 7 1955

RECEIVED APR 22 1954  
Jasper County Health Office  
County File Number 54-4-3  
Filed APR 22 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 O. L. Isbell, Student Embalmer No. 500, working under my personal supervision.

Student O. L. Isbell  
Signature of Student Embalmer

Signed Frank W. Knell

Licensed Embalmer No. 4440

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