

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

State File No. **23323**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission). a. STATE <u>OKLA.</u> b. COUNTY <u>OTTAWA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TOPLIN</u>	c. LENGTH OF STAY (in this place) <u>2 HRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PICHER</u> <u>8350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEDMAN HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>308 NO. TREECE</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) <u>RONALD EUGENE ELI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APR. 15-1954</u>	9. AGE (In years last birthday) <u>3</u>	# UNDER 1 YEAR <u>3</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		
11. BIRTHPLACE (State or foreign country) <u>PICHER-OKLA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>ROBERT ELI</u>	13b. MOTHER'S MAIDEN NAME <u>IRENE HART</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Eli - Picher - Okla.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute gastroenteritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) <u>5710</u>

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 7-13, 1954 to 7-13, 1954 that I last saw the deceased alive on 7-13, 1954 and that death occurred at 12 noon from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Ritchey</u>	23b. ADDRESS <u>3285 Conwell Ave. Picher</u>	23c. DATE SIGNED <u>7-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-14-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BAR</u>	24d. LOCATION (City, town, or county) (State) <u>Miami - Ottawa Okla.</u>
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DATE REC'D BY LOCAL REG. <u>7-15-54</u>	REGISTRAR'S SIGNATURE <u>Ed J. Jamieson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul Thomas Picher Okla.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 19
Jasper County Health
County File Number 54-7
Date Filed JUL 19

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Paul Thomas*

Licensed Embalmer No. 1244

P. O. Address *Richwood, Ok*

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.