

FILED OCT 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29

BIRTH NO. _____		REG. DIST. NO. <u>88</u>		PRIMARY REG. DIST. NO. <u>5326</u>		Registrar's No. <u>29</u>		
1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELEVILLE</u>		c. LENGTH OF STAY (in this place) <u>2 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHERRYVILLE</u>		2.80		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERAMEC NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>OXENDINE</u>			4. DATE OF DEATH <u>OCT. 1-1954</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 17-1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 2 MRS. Hours <u></u> Mins. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JESSE B. OXENDINE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. J. J. LYNE - CHERRYVILLE, MO.</u>					
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) <u>Chronic bronchial asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>5 yrs.</u> <u>10 yrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241 X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u> SUICIDE HOMICIDE		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) (Min.)		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 <u>Mar. 20, 1943</u> to <u>Oct 1, 1954</u> , that I last saw the deceased alive on <u>Sept. 30, 1954</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or Title)				23b. ADDRESS <u>D. F. Steeleville Mo</u>		23c. DATE SIGNED <u>10/4/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DAVISVILLE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>DAVISVILLE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>10/14/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichius</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas S. Halbert</u>		ADDRESS <u>Steeleville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 15 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 Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steubenville, 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.