

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35782
Registrar's No. 8988

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			a. STATE Missouri		
c. LENGTH OF STAY (In this place)			b. COUNTY		
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		
d. STREET ADDRESS 23 2006 Lafayette Av			d. STREET ADDRESS (If rural, give location) 2229		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Ralph	b. (Middle) Carlos	c. (Last) Oakley	Oct 3 1954		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 25 1924	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Lee Transportian	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Walter Oakley	13b. MOTHER'S MAIDEN NAME Gladys Counts	14. NAME OF HUSBAND OR WIFE Millie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Millie Oakley	ADDRESS 2006 Lafayette Av
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Neovarrage; Peptic ulcer; Dislocation of 6th on 7th Cervicle with cord injury suffered when car operated by deceased was involved in a		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Accident on Hwy #3 four miles South of Waterloo Illinois		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Sept 19 1954 about 4:45 pm			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cause & manner of same could not be determined	20. TOPS (1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE Verdict	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 000 E 8164
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above. **26**

22a. SIGNATURE Catrick C. Taylor	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 10.4.54
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 10/5/54	24c. NAME OF CEMETERY OR CREMATORY Kennett	24d. LOCATION (City, town, or county) (State) Kennett, Missouri
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DATE REC'D BY LOCAL REG. OCT 4 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Moydell	ADDRESS Funeral Home 1926 Allen Av
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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 Elton R. Renelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.