No. 300
10.48

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

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37870

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 196

0582 0

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN: Lebanon
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 250 Grant St. 0033

3. NAME OF DECEASED (Type or Print)
a. (First): Oliver
b. (Middle): Leroy
c. (Last): Test

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan, 18, 1868
9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months: 9 Days: 24
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Camden County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Oliver Perry Test
13b. MOTHER'S MAIDEN NAME: Mary Ann Amos
14. NAME OF HUSBAND OR WIFE: Frances Jane Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Abbie Mizer
ADDRESS: Lebanon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: 4 years

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.*: Fracture left femur — 3 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 260 x F
20. AUTOPSY? YES [ ] NO [X]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 15, 1954 *to* 11-12-, 1954, *that I last saw the deceased alive on* 11-12-, 1954 *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B B Hurst, MD
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: 11-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 15, 1954
24c. NAME OF CEMETERY OR CREMATORY: High Point Cemetery
24d. LOCATION (City, town, or county) (State): Camden County Mo.

DATE REC'D BY LOCAL REG.: 11-19-1954
REGISTRAR'S SIGNATURE: Della L. Clay 424
25. FUNERAL DIRECTOR'S SIGNATURE: W. E. Holman
ADDRESS: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received 11-27-54
Laclede County Health Unit
File No. 198
Date Filed 11-27-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.