

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17731

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 157

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia, | | c. CITY OR TOWN Columbia | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 11 Yrs | | STREET ADDRESS (If rural, give location) 1719 Morningside Drive | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1719 Morningside Dr. | | | |

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|-------------------------------------|-------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Frank | b. (Middle) D. | c. (Last) Oldham | 4. DATE OF DEATH (Month) (Day) (Year) June 17, 1955 |
|-------------------------------------|-------------------------|-----------------------|-------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 29, 1911 | 9. AGE (In years last birthday) 43 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Engineer | 10b. KIND OF BUSINESS OR INDUSTRY University of Mo | 11. BIRTHPLACE (City and State or Foreign Country) Mo Murfreesboro, Tenn. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Bowden S. Oldham | 13b. MOTHER'S MAIDEN NAME Martha E. Blackman | 14. NAME OF WIFE Helen G. Oldham |
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| 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 Helen G. Oldham, Columbia, Mo. | ADDRESS _____ |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 year. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypernephroma (RIGHT) DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION 180X | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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 OCT, 1954, to 17 JUN, 1955, that I last saw the deceased alive on 16 JUN, 1955, and that death occurred at 4 A. m., from the causes and on the date stated above.

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|--|-------------------------------|--|-----------------------------------|
| 23a. SIGNATURE Elicie P. Rodgers, | (Degree or title) M.D. | 23b. ADDRESS Columbia, Mo. 101 West Broadway, | 23c. DATE SIGNED 17 JUN 55 |
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|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 19 1955 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) Columbia, Mo. |
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| DATE REC'D BY LOCAL REG. June 18 1955 | REGISTRAR'S SIGNATURE Mrs R E Palmer | FEDERAL DIRECTOR'S SIGNATURE _____ | ADDRESS _____ |
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(Licensed Embalmer's Statement on Reverse Side)

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

1958

JUN 25 1958

MAY 23 1956

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.....
Signature of Student Embalmer

Signed *Lynnan Spunkle*

Licensed Embalmer No. *401*

P. O. Address *Columbus*

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.