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FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40071**

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5326** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL-MERAMEC		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CERRYVILLE	
c. LENGTH OF STAY (In this place) 1 YR.		d. STREET ADDRESS (If rural, give location) 228	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MERAMEC NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) JESSE	b. (Middle) BARNEY	c. (Last) OXENDINE	4. DATE OF DEATH (Month) (Day) (Year) DEC. 23-1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 7-1867	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 4 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) CERRYVILLE, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JESSE OXENDINE	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MARY OXENDINE
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN OXENDINE - KEYSVILLE, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile debility		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4500		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **Nov. 1953**, to **Dec 20, 1955**, that I last saw the deceased alive on **Dec 20, 1955**, and that death occurred at **4:00 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name and title) [Signature]	23b. ADDRESS Steeleville Mo	23c. DATE SIGNED 12/27/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-24-55	24c. NAME OF CEMETERY OR CREMATORY DAVISVILLE CEMETERY	24d. LOCATION (City, town, or county) (State) DAVISVILLE, MO.
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DATE REC'D BY LOCAL REG. 12/29/55	REGISTRAR'S SIGNATURE Mrs. Hazel Lichner	505- 25. FUNERAL DIRECTOR'S SIGNATURE Harold Baker ADDRESS Steeleville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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. Herbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.