FILED MAR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4031

STATE FILE NUMBER

Registration District No. 165 Primary Registration District No. 5257 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline (Rural) — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E. Marceline — Length of stay in 1b: 40 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Chariton
c. CITY OR TOWN Marceline 0216 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R3 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First John Middle G. Last Oldham
4. DATE OF DEATH: Month 3 Day 4 Year 57
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-21-1891
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 0 Days 13 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and state or country): Chariton Co O
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: M.G. Oldham
14. MOTHER'S MAIDEN NAME: Nettie Spencer
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.: none
17. INFORMANT: Mrs Ollie Oldham Address: Marceline, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Sepsis (acute) — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Lung abcess + bronchiectasis — 17 Mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Collapsed left lung 34 yrs duration 521X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/10/55 to 3/4/57 and last saw her/him alive on 3/3/57
Death occurred at 7:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Otis Carr (Degree or title) D.O.
22b. ADDRESS Marceline, Mo
22c. DATE SIGNED 3/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: 3-6-57
23c. NAME OF CEMETERY OR CREMATORY: Mt Olivet
23d. LOCATION (City, town, or county) (State): Marceline, MO

24. FUNERAL DIRECTOR: James McLaughlin ADDRESS: Marceline
25. DATE RECD. BY LOCAL REG.: 3-7-57
26. REGISTRAR'S SIGNATURE: Mildred Boone

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George R. Tramm

Licensed Embalmer No. 44

P. O. Address Marceline,

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