V.S. No. 300
REV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 2 - 1957

State File No. 13586

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blue Springs
c. LENGTH OF STAY (In this place): 35yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 413 s 16th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Blue Springs
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 413 S 16th St 7002

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): A
c. (Last): Oldham

4. DATE OF DEATH (Month) (Day) (Year): April 15 1957

5. SEX: Male
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4 1869
9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Produce
10b. KIND OF BUSINESS OR INDUSTRY: Dealer
11. BIRTHPLACE (City and State or Foreign Country): Jeffersonville Ind
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WM R Oldham
13b. MOTHER'S MAIDEN NAME: Ann Carr
14. NAME OF HUSBAND OR WIFE: Nellie Oldham

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'S SIGNATURE OR NAME: Nellie Oldham
ADDRESS: BLUE Springs 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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prostatic hypertrophy — 4 years +

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 610 X
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* July, 1976, *to* April 15, 1957, *that I last saw the deceased alive on* April 9, 1957, *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merrill R. Bay M.D.
23b. ADDRESS: Blue Springs, Mo
23c. DATE SIGNED: 4/15/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 18 57
24c. NAME OF CEMETERY OR CREMATORY: Blue Springs
24d. LOCATION (City, town, or county) (State): Blue Springs Mo

DATE REC'D BY LOCAL REG.: 4-22-1957
REGISTRAR'S SIGNATURE: N. B. Langsford
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Webb Funeral Home Blue Springs Mo
(Licensed Embalmer's Statement on Reverse Side)

483

RECEIVED
APR 30 1957

VS JUN 12 1961

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R B Webb

Licensed Embalmer No 2353

P. O. Address Blue Springs

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