FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021604
1 STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Russell — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION None — Length of stay in Hospital 40 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jasper
c. CITY OR TOWN La Russell Mo — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS Sarcoxie Lupah (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ernest Middle Oerman Last
4. DATE OF DEATH Month 6 Day 20 Year 1957
5. SEX M
6. COLOR OR RACE Wh
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-20-1880
9. AGE (In years last birthday) 76
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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (City and state or country) Lawrence Co Mo
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
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 Dollie Oerman Address La Russell 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2 years
DUE TO (c) H201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? O 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 1 Jan 55 to 20 June 57 and last saw him alive on 18 June 57
Death occurred at 4:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Leroy Simmons (Degree or title) M. D.
22b. ADDRESS 1201 Center Sarcoxie Mo
22c. DATE SIGNED 22 June 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-23-57
23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cem
23d. LOCATION (City, town, or county) (State) Sarcoxie Mo
24. FUNERAL DIRECTOR Jackson & Sons ADDRESS Sarcoxie Mo
25. DATE RECD. BY LOCAL REG. 6-25-57
26. REGISTRAR'S SIGNATURE Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

County File Number JUL-8-1957 57-7-568
Date Filed

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No. 3

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm K Jackson

Licensed Embalmer No. 39

P. O. Address Sarcoxie

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.