

Health,
Welfare
Public
Service

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31625
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 11

300
-57

1. PLACE OF DEATH a. COUNTY HOWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEST PLAINS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION X		Length of stay in 1b 25 yrs.	d. STREET ADDRESS 1365 N. WASHINGTON		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) HATTIES OAKS			4. DATE OF DEATH Month Day Year 9-7-57		
5. SEX F	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-5-1897	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min. 4 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY X X	11. BIRTHPLACE (City and state or country) NASHVILLE, TENN.,		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME SAM BAILEY		13b. MOTHER'S MAIDEN NAME EMMA MOORE		14. NAME OF HUSBAND OR WIFE BARNEY OAKS,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. X		17. INFORMANT Address BARNEY OAKS, WEST PLAINS, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach					INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral vascular accident					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 9/5/57 to 9/7/57 and last saw her alive on 9/6/57 Death occurred at 10:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dr. Callihan M. D.</i> (Degree or title)			22b. ADDRESS West Plains, Missouri		22c. DATE SIGNED 9/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 9-12-57	23c. NAME OF CEMETERY OR CREMATORY SADIE BROWN		23d. LOCATION (City, town, or county) (State) WEST PLAINS, MOO
24. FUNERAL DIRECTOR ROBERTSONS, WEST PLAINS, MO			25. DATE RECD. BY LOCAL REG. 9-17-57	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
X by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

72/1/10

72/1/10

Licensed Embalmer No. 3437
P. O. Address West Hill

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.