

Health,
Welfare
Public
Service

300
1-56

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2428-58

2131

STATE FILE NUMBER

FILED FEB 10 1958

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>NEINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>NEINTON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEOSHO MO</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>NEOSHO MO</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SALE MEMORIAL</u>				Length of stay in 1b			
3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>LEON</u> Last <u>OXENDINE</u>				4. DATE OF DEATH Month <u>1</u> Day <u>20</u> Year <u>1958</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-19-1958</u>	
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>1</u> Days <u>9</u> Hours <u>9</u> Min.	
11. BIRTHPLACE (City and state or country) <u>NEOSHO MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>ALVIN L OXENDINE</u>				14. MOTHER'S MAIDEN NAME <u>GLORIA M HURST</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>ALVIN L OXENDINE NEOSHO</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Respiratory Failure</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.) <u>7730</u>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>NEOSHO MO</u>		COUNTY <u>NEOSHO</u>	STATE <u>MO</u>
21. I attended the deceased from <u>1-19-58</u> to <u>1-20-58</u> and last saw ^{them} him alive on <u>1-20-58</u> Death occurred at <u>11:45 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. P. C. Davis M.D.</u> (Degree or title)					22b. ADDRESS <u>Neosho Missouri</u>		22c. DATE SIGNED <u>1-23-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1-24-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CUMBERLAND CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>NEOSHO COUNTY MO</u>	
24. FUNERAL DIRECTOR <u>WALKS BROS</u>			ADDRESS <u>PIERCE CITY</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-58</u>		26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

District Health Officer No. Newton

District File Number 258-29

Date Filed FEB 7 1958

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, Edwin Wilks, Student Embalmer No., working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 41

P. O. Address Pierce City

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.