

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1958

58-812108
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3238

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 38 St. Louis		c. CITY OR TOWN Marceline	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maroute City Hospital		d. STREET ADDRESS 31	
3. NAME OF DECEASED (Type or print) First Middle Last Henry George Oldham		4. DATE OF DEATH Month Day Year March 19, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 1, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Marceline, Mo.
13a. FATHER'S NAME Henry Conway Oldham		13b. MOTHER'S MAIDEN NAME Myrl Walker	14. NAME OF HUSBAND OR WIFE Anna Oldham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Charles R. Oldham, 722 Chestnut St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull; Subdural Hemorrhage. 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) Supper in automobile			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. HOW INJURY OCCURRED (Enter same as given in PART I or PART II of 18.) Collided in Express Highway near Hampton Avenue, about 140 am., March 19 1958.	
20c. TIME OF INJURY Hour Month, Day, Year 140 - 3 1958		20f. CITY, TOWN, OR LOCATION St. Louis Mo.	
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.) Express Highway	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 209 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Kelly, Deacon		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 3-19-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-19-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Marceline, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. MAR 19 '58	
26. REGISTRAR'S SIGNATURE Pearl Smith, MD			

All diseases in Part I must be causally related.

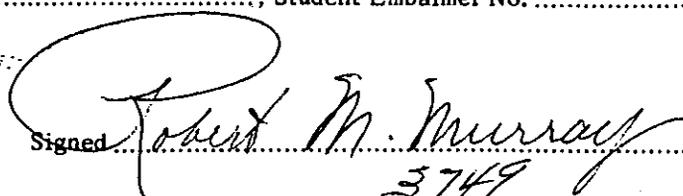
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

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.