

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021754
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>West Plains</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1353 Washington</i>		Length of stay in lb <i>2 1/2 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>1353 Washington</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>Steven Allen Oakes</i>			4. DATE OF DEATH Month <i>6</i> Day <i>11</i> Year <i>58</i>	
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Black</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-2-1956</i>	9. AGE (In years last birthday) <i>2</i> Months <i>5</i> Days <i>9</i>	IF UNDER 1 YEAR Hours <i>3</i> Min.	IF UNDER 24 HRS. Hours <i>3</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>✓</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>	11. BIRTH PLACE (City and State or country) <i>West Plains Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>✓</i>	13b. MOTHER'S MAIDEN NAME <i>Rosalie Oakes</i>	14. NAME OF HUSBAND OR WIFE <i>✓</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name of dates of service) <i>✓</i>	16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT <i>Crockett Oakes</i> Address <i>West Plains Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Possible Spinal Meningitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>unknown</i>	
	DUE TO (c) <i>unknown</i>	
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"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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 COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert E. Duncan</i> (Degree or title) <i>3</i>	22b. ADDRESS <i>1111 E. Elm St. Mo.</i>	22c. DATE SIGNED <i>6-26-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>15</i>	23b. DATE <i>6-13-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sadie Brown</i>	23d. LOCATION (City, town, or county) (State) <i>West Plains Mo</i>
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24. FUNERAL DIRECTOR <i>Robertson</i> ADDRESS <i>West Plains Mo</i>	25. DATE RECD. BY LOCAL REG. <i>7-11-58</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

Student
Signature of Student Embalmer

Signed *W. Robertson*

Licensed Embalmer No. *343*
P. O. Address *West Pl*

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.