

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022836
STATE FILE NUMBER

FILED JUL 10 1958

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Phelps				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. James			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. James		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT home			Length of stay in 1b 75 yrs		d. STREET ADDRESS (If outside, give location) AT home		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Edward W. Ousley				First	Middle	Last	4. DATE OF DEATH July 4, 1958	
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 4, 1882		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9 Days Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST			10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and state or country) Phelps Co., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James S. Ousley				14. MOTHER'S MAIDEN NAME Leeann Ousley				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. 499-03-4184		17. INFORMANT Mayme Ousley - wife - ST. James, MO			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) Acute Cardiovascular Collapse DUE TO (b) Multiple cerebral arterial thrombosis DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Varicose Vein and Gouty Arthritis								INTERVAL BETWEEN ONSET AND DEATH 12 hrs 3 months Unknown
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.) 332 X					
20c. TIME OF INJURY Hour Month, Day, Year 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	
21. I attended the deceased from May 1958 to July 4, 1958 and last saw her him alive on July 4, 1958 Death occurred at 5:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Samuel C. Bonney M.D.				(Degree or title)		22b. ADDRESS St. James Clinic St James, MO		22c. DATE SIGNED 7/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		7-6-58	Masonic Cemetery		ST. James, MO.			
24. FUNERAL DIRECTOR Oral E. Licklider - St James				ADDRESS		25. DATE RECD. BY LOCAL REG. July 8 1958	26. REGISTRAR'S SIGNATURE Ruth B. Powell	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

Phelps County Health Officer,

County File Number

July 9, 1958

Date Filed

10 5 7

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Orval E. Lickhiser*.....

Licensed Embalmer No. *350*

P. O. Address *St James*

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.