

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026509
STATE FILE NUMBER

FILED AUG 14 1958 Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 47

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		c. CITY OR TOWN ST. James 0810	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Soldiers Home		d. STREET ADDRESS (If outside, give location) ←	
Length of stay in 1b 4 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Hulda First 7. Middle Oelger Last		4. DATE OF DEATH 8-9-58 Month Day Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-17-1868
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9b. KIND OF BUSINESS OR INDUSTRY —	9c. AGE (In years last birthday) 90 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY —	10c. AGE (In years last birthday) 90 yrs
11. BIRTHPLACE (City and state or country) Oakfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Oscar Sheen		14. MOTHER'S MAIDEN NAME Anna Brewer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. ←	
17. INFORMANT Mr. Lloyd Fuller - St. James, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral-Vascular Surgery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis DUE TO (c) Hypertension			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			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.) 444 X		
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	COUNTY	STATE
21. I attended the deceased from July 16-54 to Aug 9-58 and last saw her alive on Aug 9-58 Death occurred 8:45 P m on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. J. J. ... (Degree or title)		22b. ADDRESS St. James, Mo.	22c. DATE SIGNED Aug 10-58
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-12-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Pr. Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.
24. FUNERAL DIRECTOR Oral E. Licklider, St. James, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 10, 1958	26. REGISTRAR'S SIGNATURE Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

Disease, 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

Health, Welfare Public Service 8-16 5 300 1-56

RECEIVED

AUG 18 1958

Franklin County Health Officer

County File Number 1117

Date Filed 8/13/58

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

Student.....
Signature of Student Embalmer

Signed Dr. E. Lickliter

Licensed Embalmer No. 394

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.