Health, & Welfare Public Service

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0582

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029594
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cramer's Rest Home — Length of stay in 1b 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield 0582 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 221 West Wood — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Luther Middle Oliver Last Street
4. DATE OF DEATH Month August Day 5 Year 1958
5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 8, 1876
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 1 Days 28 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock & Grain Dealer
10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain
11. BIRTHPLACE (City and state or country) Falls River, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 570-36-9410
17. INFORMANT Mrs. Laura Street, Brookfield, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis chronic — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — 10 yrs
DUE TO (c) arteriosclerosis — 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Edema 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1948, to 8-5-58 and last saw her/him alive on 8/5/58
Death occurred at 11:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. B. Simpson D.O.
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 8/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug 7, 1958
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
23d. LOCATION (City, town, or county) (State) Woodward, Oklahoma

24. FUNERAL DIRECTOR ADDRESS Hill Funeral Home, Brookfield, Mo.
25. DATE RECD. BY LOCAL REG. 8-11-58
26. REGISTRAR'S SIGNATURE Katharine Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

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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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gerald I. Wade

Licensed Embalmer No. 41

P. O. Address Brown

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.