

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029706

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 81

S. 300
1-57
6681

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>California</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS <i>66810</i> (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>LOUISE M. OERLY</i>			4. DATE OF DEATH Month Day Year <i>Aug 25 1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 12, 1895</i>		9. AGE (In years) UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min. <i>63 0 13</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>No</i>	11. BIRTHPLACE (City and state or country) <i>Switzerland 5</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Don't Know</i>		13b. MOTHER'S MAIDEN NAME <i>Don't Know</i>		14. NAME OF HUSBAND OR WIFE <i>Charles Oerly</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war & dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT Name Address <i>Hattie Potter California No</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>Apoplexy</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
DUE TO (b) <i>Arteriosclerosis</i>			
DUE TO (c) <i>334X</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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <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 <i>Jan. 7, 1948</i> to <i>Aug. 25, 1958</i> and last saw her <i>her</i> alive on <i>Aug. 25, 1958</i> Death occurred at <i>4 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>D. D. Bacon</i> (Degree or title)		22b. ADDRESS <i>S. O. California</i>		22c. DATE SIGNED <i>8/26/58</i>

23a. BURIAL CREMATION, BEYOND (Specify)	23b. DATE <i>8-27-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Grove Ch. Home</i>	23d. LOCATION (City, town, or county) (State) <i>Mo</i>
24. FUNERAL DIRECTOR <i>Hugh E. Williams</i> Address <i>California Mo.</i>		25. DATE/RECD. BY LOCAL REG. <i>8/28/58</i>	26. REGISTRAR'S SIGNATURE <i>H. L. Popejoy</i>

(Licensed Embalmer's Statement on Reverse Side)

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.

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 *Hugh E. Williams*

Licensed Embalmer No. *3839*

P. O. Address *California*

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.